



REPORT
ON THE
State of Public Health
IN THE CITY OF DUBLIN
FOR THE YEAR 1944

BY
MATTHEW J. RUSSELL, F.R.C.S., D.P.H.

Medical Officer of Health, Dublin.
Port Medical Officer of Health, Dublin.
Examiner, D.P.H., University College, Dublin.

DUBLIN :
PRINTED BY SEALY, BRYERS & WALKER.

1945





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**Municipal Buildings,
Dublin.**

P. J. Hernon, Esq., B.Comm.,
City Manager and Town Clerk.

DEAR CITY MANAGER AND TOWN CLERK,

I beg to submit my Annual Report in relation to the health of the City of Dublin during the year 1944.

By way of introduction to the separate sections of the report with each of the Services of the Public Health Department, I wish to make a few comments on matters of interest.

Statistics.

The General Death Rate for the City for the year under review was 14·1 per 1,000 of the population as compared with 14·5 for the preceding year.

Deaths from the Principal Epidemic Diseases numbered 682, representing a death rate of 1·3 per 1,000 of the population. The corresponding rate for 1943 was 1·5. With 604 deaths, Pulmonary Tuberculosis accounted for a death rate of 1·2 per 1,000, compared with 1·5 in 1943 and 1·6 in 1942. These rates show a tendency to the lowering of the mortality rate from this cause of death. It may be observed that the total deaths for 1944 represent a decrease of 17·6 per cent. over that for the previous year. This is a satisfactory state of affairs. There was a decrease in the Infant Mortality Rate, the figure for 1944 being 125 in 1,000 births, as compared with 106 for 1943. Diarrhoea and Enteritis contributed 513 deaths in this category.

Infectious Diseases.

The incidence of infectious disease has on the whole been satisfactory. Notifications of Diphtheria showed a decrease of 21, while a reduction of 10 in the number of deaths from this cause was recorded, as compared with the figures for 1943. Full details regarding the other infectious diseases will be found in the body of the report.

When it is borne in mind that a scheme of Immunisation against Diphtheria has been in operation in the City for some considerable years past, one would expect by now a very marked decrease in the incidence of Diphtheria. Unfortunately, as an examination of the relevant statistics will show, this has not been the result. It is disappointing, and parents and guardians should realise the duty which they owe to young children under their care. Inspection of Table 21 will show that young children suffer relatively high fatality rates compared with the later age groups. It is very necessary and most desirable that these very young children should be given the protection afforded against this disease.

Tuberculosis.

There is yet no specific cure for this disease. Tuberculosis, however, is slowly yielding ground, as it has been doing for some years, due, I think, to better conditions, higher wages amongst the working classes in employment, improved hygiene of the population, improved housing conditions and a more enlightened knowledge of the means by which the disease is spread. The principal essentials for the abolition of Tuberculosis are good nutrition, good housing and the observation of the laws of hygiene. Of these, good nutrition is, perhaps, the most important, for the well-nourished individual is capable of resisting disease much better than the underfed, though the environment of both may be equally bad.

It is recognised that Tuberculosis is primarily a disease of infancy and childhood, as it is at this period of life that infection takes place in the majority of cases. Success in its control and eradication is largely achieved by regular supervision of the young, especially those of tender years, who are in close and continued contact with open cases of tuberculous disease.

Elsewhere in this report I have dealt at some length with this important aspect of preventive medicine.

There I point out the desirability of evolving a scheme by which the working man with a family, and whose earning ability is reduced, and is likely to be still further lessened as a result of increasing incapacity, should be facilitated in securing adequate hygienic housing accommodation at a rent which he could pay, without detriment to the provision of proper and sufficient nourishment.

The Domiciliary Welfare Scheme continued in operation during the year.

Dispensaries and Sanatoria.

The important part played by the Dispensaries and the improved modern treatment given at the Sanatoria are dealt with in the appropriate sections of the report by the respective Medical Officers in charge.

Housing.

The progressive policy of slum clearance and abatement of overcrowding has been continued during the year by the Corporation and City Manager. The shortage of building materials has hampered the Corporation in its efforts to provide more housing accommodation. It is very satisfactory to think that now there is full realisation on the part of the rate-payers and taxpayers of the urgent necessity for clearing out insanitary houses in the city, and that the appalling state of affairs—the upbringing of a whole family in one room in unsuitable tenement houses—will soon be a memory of the past. This policy of slum clearance and the provision of adequate hygienic housing accommodation must be continued at all costs.

It is regrettable that the present spirit among the working classes, which is expressing itself in a welcome demand for improved living conditions, did not manifest itself thirty or forty years earlier. At the beginning of the present century it would appear that they were unconscious or careless of the conditions in which

they were living. Now, however, they are clamorous, even impatiently so, in their demands for better housing accommodation. The result is that the Corporation are receiving thousands of applications for houses which, of course, it is not possible to provide to order. There is, in my opinion, a degree of unreasonable impatience on the part of the majority of applicants.

Food Inspection.

The duties in connection with the supervision of food supplies imposed by various Acts and Orders are carried out by a fully qualified staff of Veterinary Inspectors. They entail the examination of the carcasses of animals slaughtered for food at the abattoir and private slaughter-houses ; the inspection of meat, fish and fruit at the various wholesale and retail markets and stores ; and the inspection of shops, factories, etc., where foodstuffs are sold, prepared or stored for human food.

A full report is given by the Chief Veterinary Officer under this Section.

Maternity and Child Welfare Service, and School Medical Service.

The Corporation's activities in the operation of these schemes are fully dealt with by the respective Medical Officers in charge of these services.

In this connection I have pleasure in referring to the invaluable aid which is rendered yearly by a large number of voluntary workers who devote considerable time and energy in connection with the Maternity and Child Welfare Branch.

M. J. RUSSELL,

Medical Officer of Health.

CITY OF DUBLIN.

SUMMARY OF VITAL STATISTICS.

Area of City ... 18,781 acres.

	1941	1942	1943	1944
Population (per Registrar-General) ...	489,300	489,300	500,300	505,600
Births ...	11,301	12,528	12,673	12,074
Birth Rate ...	23·1	25·6	25·3	23·9
Deaths ...	6,903	6,855	7,268	7,141
Death Rate ...	14·1	14·0	14·5	14·1
Death Rate from Principal Epidemic Diseases ...	1·3	1·3	1·5	1·3
Death Rate from Tuberculosis (all forms) ...	1·5	1·9	1·8	1·6
Death Rate from Tuberculosis (Pulmonary) ...	1·2	1·6	1·5	1·2
Deaths of Children under 1 year of age ...	1,339	1,311	1,617	1,509
Infant Mortality Rate ...	118	105	128	125

POPULATION.

The estimated population of the City of Dublin at the mid-point in 1944 was 505,600, according to the Registrar-General. In 1943, the population was estimated at 500,300. An examination of statistics for the decennial period 1935—44 reveals a steady increase, which may probably be accounted for, to a certain extent, by the migration from the rural areas to the city.

The following table shows the increase of births over deaths, or what is generally spoken of as the natural increase of the population for the City during the last ten years.

TABLE 1.

<u>YEAR</u>	<u>EXCESS OF BIRTHS OVER DEATHS.</u>
1935	4,945
1936	4,586
1937	4,629
1938	5,278
1939	5,155
1940	4,211
1941	4,398
1942	5,673
1943	5,405
1944	4,933
YEARLY AVERAGE 1935/1944	4,921

Various rates (birth-rates, death-rates, etc.,) referred to in this report are calculated upon the estimated populations.

BIRTHS.

The Births registered during the year in the City of Dublin numbered 12,074 equivalent to a rate of 23·9 per 1,000 of the population.

The figures for the three preceding years are as follows :

		No. of Births.			Rate per 1,000 of the Population.
1941	11,301	....	.... 23·1
1942	12,528	....	.... 25·6
1943	12,673	....	.... 25·3

A further 2,360 for 1941, 2,593 for 1942 and 2,747 for 1944 occurring in Institutions in the City of Dublin but relating to other localities were excluded in arriving at the above figures.

While the birth-rate for 1943 was practically the same as that for the previous year, the figure recorded for 1944 shows a reduction of 5·5% on the rate for 1943.

The Notification of Births Acts 1907 and 1915 provide for the notification to the Medical Officer of Health of every birth, including still-births, within 36 hours of occurrence.

In accordance with the provisions of these Acts, some 15,308 births were notified in 1944, 15,308 in 1943 and 15,132 in 1942.

DEATHS.

The number of deaths recorded during 1944 was 7,141, equivalent to a rate of 14·1 per 1,000 of the population. This figure compares with 7,268 or a rate of 14·5 in 1943, 6,558 or 14·0 in 1942. 6,903 deaths, with a rate of 14·1 were recorded in 1941. A comparison of deaths and death-rates during the period 1935/1944 will be found in Table 2. Inspection of this Table will show that the general death-rate has remained steady during the past five years.

The standardized rate is based on the age and sex constitution of Ireland as a whole at the Census of 1936. The effect of standardization in recent years has been to raise the death-rate per 1,000 living in Dublin by 2 or 3 points.

TABLE 2.

DEATHS FROM ALL CAUSES AND DEATH-RATES PER 1,000 LIVING
1935-44

Year.			Deaths from All Causes.	Death-rate per 1,000 Living.
1935	...	...	6,506	15·6
1936	...	...	6,996	15·0
1937	...	...	7,023	14·9
1938	...	...	6,355	13·3
1939	...	...	6,403	13·3
1940	...	...	7,065	14·5
1941	...	...	6,903	14·1
1942	...	...	6,855	14·0
1943	...	...	7,268	14·5
1944	...	...	7,141	14·1

AGES AT DEATH.

The following Table show the ages at death for the years 1941-1944.

TABLE 3.

Ages at Death	1941		1942		1943		1944	
	No.	% of Total Deaths	No.	% of Total Deaths	No.	% of Total Deaths	No.	% of Total Deaths
Under 1 year ...	1,339	19·48	1,311	19·12	1,617	22·24	1,509	21·12
1 and 2 ...	138	1·98	125	1·82	124	1·72	136	1·91
2 and under 5 ...	137	1·97	145	2·11	140	1·93	130	1·83
5 and under 15	138	1·99	181	2·64	149	2·49	140	1·97
15 and under 25	295	4·26	350	5·11	335	4·60	299	4·18
25 and under 45	699	10·12	775	11·31	746	10·27	637	8·93
45 and under 65	1,737	25·15	1,648	24·05	1,658	22·68	1,695	23·74
65 and upwards	2,420	35·05	2,320	33·84	2,499	34·26	2,595	36·32
	6,903	100·00	6,855	100·00	7,268	100·00	7,141	100·00

CAUSES OF DEATHS.

There were 643 deaths attributed to Cancer, while Tuberculosis (all forms) reached the level of 799 in 1944. Of the latter figure 604 were due to Pulmonary Tuberculosis and 195 to other forms. Diseases of the Respiratory System accounted for 829 deaths; 406 being caused by Pneumonia. 133 represented deaths from Violence. Deaths from other causes numbered 4,027.

DEATHS BY QUARTERS.

TABLE 4.

SHOWING THE NUMBER OF DEATHS AND THE DEATH-RATES IN EACH QUARTER FOR THE YEARS 1941, 1942, 1943, 1944.

Year	Deaths	1st Qr.	2nd Qr.	3rd Qr.	4th Qr.	Total
1941	Number ...	1,923	1,872	1,496	1,612	6,903
	Rate per 1,000	15·7	15·3	12·2	13·2	14·1
1942	Number ...	1,952	1,694	1,423	1,786	6,855
	Rate per 1,000	16·0	13·8	11·6	14·6	14·0
1943	Number ...	2,058	1,701	1,563	1,946	7,268
	Rate per 1,000	16·8	13·6	12·5	15·6	14·5
1944	Number ...	2,245	1,677	1,493	1,726	7,141
	Rate per 1,000	17·8	13·3	11·6	13·7	14·1

Examination of the above Table shows that the highest number of deaths occur in the 1st quarter of each year, while the lowest is recorded in the 3rd quarter.

PRINCIPAL EPIDEMIC DISEASES.

There were 682 deaths from the principal epidemic diseases in 1944 or 9·5 per cent. of the total deaths. For 1943 the figure was 771 or 10·6 per cent. of the

total deaths, while 622 or 9·07 per cent. were recorded in 1942. The rates per 1,000 of the population for the period under review were.

	Rate per 1,000		
1941.	1·3
1942	1·3
1943	1·5
1944	1·3

In 1944 Diarrhoea and Enteritis with 513 deaths contributed to 75·2 per cent. of the total deaths recorded (682) as compared with 609 or 78·9 per cent. in 1943 and 465 or 74·7 per cent. in 1942.

The death-rate from “ principal epidemic diseases ” is one of the rates customarily used in assessing the state of public health in a given population group and any notable decline in this rate is a satisfactory index.

An analysis of the causes of the deaths from the epidemic diseases is shown in Table 5.

TABLE 5.

TABLE SHOWING ANALYSIS OF THE CAUSES OF DEATHS FROM PRINCIPAL EPIDEMIC DISEASES 1941/1944.

	1941	1942	1943	1944
Enteric Fever	4	6	3	9
Scarlet Fever	32	6	7	—
Whooping Cough	5	72	63	39
Diphtheria	38	56	84	74
Measles	54	17	5	47
Diarrhoea and Enteritis ... (under 2 years).	506	465	609	513

INFANT MORTALITY.

In 1944 the number of deaths of infants under one year of age was 1,509 or 21·1 per cent of the total deaths registered. The figures for 1943 and 1942 were 1,617 or 22·2 per cent. and 1,311 or 19·1 per cent. respectively. The rates per 1,000 births for each of the years were as follows :

1944	....	....	....	125
1943	....	....	....	128
1942	....	....	....	105

In 1941 the rate per 1,000 births was 118.

The infant mortality rates since 1934 for the City of Dublin are shown in the following Tables.

TABLE 6.

INFANT MORTALITY 1934/1944.

Year	Births	Deaths of Infants under 1 Year	Rate per 1,000 Births
1934	11,140	878	79
1935	11,451	1,067	93
1936	11,582	1,337	115
1937	11,652	1,231	106
1938	11,633	1,144	98
1939	11,558	1,036	90
1940	11,276	1,039	92
1941	11,301	1,339	118
1942	12,528	1,311	105
1943	12,673	1,617	128
1944	12,074	1,509	125

Reference to the foregoing will show a decrease in the Infant Mortality Rate for 1944 on that for 1943, while the latter figure is a sharp increase over that for the previous year.

Premature births and Pneumonia contribute between 30 and 40 per cent. of the total Infant Mortality. Of latter years Diarrhoea and Enteritis has taken a heavy toll of deaths in this age group.

Table 7 shows the number of deaths of children under 1 year with the number due to Diarrhoea and Enteritis. 1941/1944.

TABLE 7.

	Total No. of Deaths under 1 Year		No. Caused by Diarrhoea and Enteritis
1941 	1,339		506
1942 	1,311		465
1943 	1,617		609
1944 	1,509		513

A further reference to Diarrhoea and Enteritis will be found later in this Report.

Hot summers always increase the death rate from Diarrhoea and Enteritis, and it seems inevitable at the present time that this price must be paid in infant life. The prevention of disease in infancy is mainly a matter of feeding, and there is no simple preventive measure known to medicine in this connection as effective as breast feeding. The case for breast milk as against any other form of infant feeding has been made time and again from competent examination of readily available statistics.

The inevitable conclusion drawn from such studies is that the breast-fed infant not only has the higher survivorship, but having survived, it is on all points of its health record the better placed in every phase of its later life. Chief among the contributory causes of infant mortality is the group of infectious diseases known collectively as infantile diarrhoea and gastro-enteritis. These infections become established in the alimentary canal of the infant as the direct result of introduction through dirty food, that is, food which has been exposed to bacterial contamination. Cow's milk, which has been carelessly handled during the

course of its transit from the cow to the infant, is frequently the vehicle of this infection. The milk is a favourable medium for bacteria to multiply in, and it is especially favourable in hot weather—in that season in which dust and flies are most likely to contaminate it. Such contaminated milk is certainly harmful, and in many cases proves fatal to the infant fed on it. It was the realization of the importance of this factor, together with others of a preventable nature, which led to the Infant Welfare Movement and the establishment of centres for the instruction of mothers and guardians in infant care. There is to-day no good reason why an infant should die because of ignorance in this vital matter in the City of Dublin.

Infant Welfare Centres are conducted in different parts of the City where mothers may bring their children for thorough examination, and where full instruction is available in all matters concerning the infant's well-being.

TABLE 8 SHOWS THE CAUSES OF DEATHS OF CHILDREN UNDER 1
YEAR. 1944.

Cause				No. of Deaths
Pneumonia	...	...	...	186
Diarrhoea and Enteritis	...	...	...	502
Congenital Malformation	...	...	...	82
Congenital Debility	...	...	...	119
Premature Birth	...	...	...	255
Injury at Birth	...	...	...	22
Convulsions	...	...	...	26
Whooping Cough	...	...	...	28
Measles	...	...	...	23
Bronchitis	...	...	...	18
Diphtheria	...	...	...	20
Meningitis	...	...	...	12
Influenza	...	...	...	2
Cerebro Spinal Fever	...	...	...	2
Tuberculosis	...	...	...	2
T.B. Meningitis	...	...	...	14
Other Causes	...	...	...	196
				1,509

PUERPERAL SEPSIS.

Deaths from Puerperal Sepsis and other puerperal conditions in the year 1944 numbered 3 and 7 respectively. In 1943 the figures were 2 and 11. In the latter group of the causes, the deaths represent a rate of 0·57 per 1,000 births registered in 1944 and 0·9 in 1943. The rate in 1942 was 1·1.

In drawing inferences from alterations in rates based on small numbers of cases such as these, great care must be exercised. Considerable fluctuations may be encountered from year to year, but it is satisfactory to note that the Puerperal Sepsis rate shows a somewhat steady decline over the preceding decennial period. A rate of decline such as that suggested in these figures is pleasant to record.

This cause of death following on child birth has proved very refractory to all efforts directed towards lowering its incidence among civilised peoples. A considerable proportion of the women who die from this cause of death become infected directly with micro-organisms which they harbour in their own bodies. On the other hand at least one half of them derive their infection from contact with persons who are in attendance with them at the time of birth or immediately subsequent to it. Persons suffering from sore throats, "colds," sinus trouble or septic wounds and sores should not visit or in any way contact a recently delivered woman. It is urged that women in childbirth should secure skilled attendance before, during and after the event.

The following Table shows the number of births registered in the City together with maternal deaths and maternal death-rates for the years 1934/1944.

TABLE 9.

Births Registered		Maternal Mortality					
		Puerperal Sepsis		Other Puerperal Conditions		Total	
Year	No.	Deaths	*Rate	Deaths	*Rate	Deaths	*Rate
1934 ...	11,140	13	1·2	26	2·3	39	3·5
1935 ...	11,451	12	1·0	19	1·6	31	2·6
1936 ...	11,582	17	1·5	19	1·6	36	3·1
1937 ...	11,652	11	0·9	19	1·7	30	2·6
1938 ...	11,633	5	0·4	24	2·1	29	2·5
1939 ...	11,558	6	0·5	17	1·5	23	2·0
1940 ...	11,276	1	0·1	15	1·3	16	1·4
1941 ...	11,301	7	0·6	10	0·9	17	1·5
1942 ...	12,528	2	0·15	13	1·1	15	1·2
1943 ...	12,673	2	0·15	11	0·9	13	1·0
1944 ...	12,074	3	0·24	7	0·57	10	0·79

* Rate per 1,000 Births.

TUBERCULOSIS.

Of the total deaths (799) in 1944 ascribed to this cause, 604 were from Pulmonary Tuberculosis and 195 from other forms of the disease, equivalent to a rate of 1·2 and 0·4 per 1,000 of the population respectively. A comparison with the three preceding years shows :—

TABLE 10.

	Pulmonary Tuberculosis.		Other Forms.	
	Deaths.	Rate.	Deaths.	Rate.
1941	610	1·2	151	0·3
1942	762	1·6	162	0·3
1943	733	1·5	174	0·3

The figure for 1944 for Pulmonary Tuberculosis represents a decrease of 17·6 per cent. in the number of deaths from this cause as compared with the figure for the previous year. The death-rate per 1,000 of the population has shown a consistent decline over the past 10 years, the rate for 1944 being slightly below the average rate for the preceding 10 years (see Table 10). Whilst these figures record a favourable trend in the force of mortality from this disease the problem presented by the facts reflected in the above figures must still be held to be one of the first magnitude. It is customary to assume that for every death from pulmonary tuberculosis in a given year there are roughly ten persons suffering from the same disease in that year. Such an estimate indicates that there were over 6,000 cases of pulmonary tuberculosis in our population in 1944, or more than one person in every 100 of the population was suffering from this serious disease.

The more essential features of the problem in relation to causation and prevention may be once more summarised.

In order that the disease may be eradicated it is of prime importance that the sufferer should seek medical advice and treatment at the earliest possible moment. There is at present little inducement to the young wage-earning adult, more especially if he is responsible for the maintenance of a wife and family, to seek early medical advice and take advantage of institutional treatment in the knowledge that his dependants have to rely on a grant from the National Health Insurance Scheme for the bare necessities of life. To this extent the main causes of failure to apply the available remedies at a sufficiently early stage are undoubtedly in the patient himself and the character of the disease.

The onset is not heralded by any grave symptoms which alarm the patient. From good or moderate

health he retrogresses steadily until, often, only when he reaches the advanced stage does he consult a doctor. During the whole time which may extend over a year or two he is but vaguely conscious of the impending disaster, and seeks assistance only when finally compelled to give up work.

Furthermore, a serious difficulty in the proper management of such cases as seek treatment arises from the fact that experience has shown that a much longer period of treatment in a Sanatorium is necessary in order to derive the most beneficial results. Short periods in the Sanatorium followed by a return to the usual home conditions are now regarded as worse than useless except possibly for educational purposes.

As a further aid to prevention, preventoria, that is to say, institutions where selected contacts who have been particularly exposed to infection may be sent for a period, should be established. It would be the purpose of these institutions to provide for the accommodation and proper nourishment of such persons under medical observation, whereby they would be removed for a time from their infected surroundings in the home, and their resistance to the disease would be greatly increased by the care given to them.

Since writing the above notes a very important advance has been made at the instigation of the Department of Local Government and Public Health towards the treatment of this disease. A domiciliary welfare scheme has been put into operation under which necessitous patients, either awaiting or having had institutional treatment, are provided with free allowances of extra nourishment in the form of milk, butter and eggs. Provision is also made for supplying a bed and, where necessary, bedding for infective cases in their own homes. Arrangements have also been made to provide suitable clothing for patients who, if such clothing were not provided, would be unable to derive full benefit from the treatment afforded them.

In the matter of additional accommodation for institutional treatment, considerable progress has been made and preparations are in hands for the establishment of an institution with accommodation for at least 1,000 beds.

TABLE SHOWING THE NUMBER OF DEATHS FROM ALL FORMS OF TUBERCULOUS DISEASES REGISTERED EACH YEAR DURING THE DECENNIAL PERIOD 1935-1944 WITH THE RESPECTIVE RATES PER 1,000 OF THE POPULATION.

TABLE 11.

Year	Deaths from all forms of Tuberculous Diseases		Deaths from Pulmonary Tuberculosis	
	Number	Rate per 1,000	Number	Rate per 1,000
1935	729	1.79	565	1.41
1936	740	1.59	602	1.29
1937	721	1.52	565	1.19
1938	693	1.50	558	1.20
1939	716	1.50	568	1.20
1940	789	1.6	636	1.3
1941	761	1.5	610	1.2
1942	924	1.9	762	1.6
1943	907	1.8	733	1.5
1944	799	1.6	604	1.2

PNEUMONIA.

The deaths returned as caused by Pneumonia numbered 406, equivalent to a rate of .83 per 1,000 of the population. In 1943, 385 deaths and 1942, 374 deaths were recorded, representing death-rates of .76 and .74 respectively.

Pneumonia is a term applied to a group of diseases rather than the definition of a uniform clinical condition. Broadly speaking there are two forms generally recognised (*a*) lobar or croupous pneumonia and (*b*) lobular or broncho-pneumonia. The certification of death from both these forms of Pneumonia and Bronchitis cannot be taken to be highly accurate for any one form, since there is considerable latitude for confusion in the clinical diagnosis.

Broncho-pneumonia is a most serious cause of death in young children, frequently occurring secondarily in an undernourished child or following on some disease of childhood such as Whooping-cough or Measles. Examination of Table 12 will show that one-half of all Pneumonia deaths in this city in the years 1934/43 were among the under 5 years old group of the population. The majority of these "pneumonia" deaths were certainly due to broncho-pneumonia. Many of these deaths might be avoided if the primary infection which prepares the way for broncho-pneumonia could receive better attention, better nourishment and nursing in their homes or if the primary infection such as Whooping-cough or Measles could be postponed until a later age-period. It may be noted in Table 12 that nearly twelve times as many pneumonia deaths occur in the first five years of life as do in the next ten-year period.

Pneumonia in one form or another is directly associated with overcrowding, particularly in infancy and early childhood; in adults climatic conditions are undoubtedly determining factors in conjunction with fatigue, over exertion, alcoholism and injury. It is only when the problem of housing the working class families has been solved that we may expect any appreciable decline in this important cause of death or disablement.

TABLE 12.

AGE-DISTRIBUTION OF PNEUMONIA DEATHS, 1934-43.

Year	Pneumonia.						Total.
	Under 1 year	1-4	5-14	15-44	45-64	65+>	
1934	168	94	31	47	97	84	521
1935	181	136	34	74	143	97	665
1936	223	138	17	73	122	89	662
1937	182	130	14	80	140	110	656
1938	212	112	18	62	105	73	582
1939	132	82	18	59	67	73	431
1940	138	86	20	63	72	78	457
1941	99	76	12	48	71	62	368
1942	104	74	14	49	69	64	374
1943	109	76	14	53	63	70	385

INFLUENZA.

The deaths returned as caused by Influenza numbered 28 in 1944 as compared with 35 in 1943, equivalent to a rate of .05 and .07 respectively per 1,000 of the population, and representing a decrease of 25 per cent. for 1944 over that for the preceding year. Of the number for 1944, 64 per cent. were males and 36 per cent. females. Table 13 shows the age, sex distribution of deaths from Influenza for the year 1944.

TABLE 13.

Ages			Males	Females	Totals
0-14	....	....	2	—	2
15-24	....	....	2	—	2
25-34	....	....	—	—	—
35-44	....	....	—	—	—
45-54	....	....	2	—	2
55-64	....	....	—	4	4
65+>	....	....	12	6	18
			18	10	28

CANCER.

During the year 1944 Cancer caused 643 deaths as compared with 631 in 1943. These figures are equivalent to a death-rate of 1·3 and 1·3 per 1,000 of the population respectively. 626 deaths were registered in 1942 with a rate of 1·3. In 1941 the rate per 1,000 of the population was 1·2, deaths numbering 582. There is a slight increase in the total number of deaths for 1944. No significant increase in the rate is recorded over that in the past few years.

Cancer, as the result of progress in modern diagnostic procedure, is now definitely established as one of the three chief causes of death in all countries from which we have reliable figures in the statistical sense. There is no simple or direct explanation for the steady climb as a specific death rate due to this cause. In fact there is no single cause for which the observed increase is directly attributable.

In considering the causation of cancer itself, both “exciting” and “predisposing” causes have to be kept in mind. Irritation or repeated slight injuries to tissues may be cited as examples of “exciting” factors. The longer these persist in whatever form, the greater the likelihood of a cancerous condition supervening in the tissue subjected to the irritation. Accordingly when we advert to the fact that there is a higher percentage of our people living on into old age from year to year, as the result of all the agencies directed towards saving the lives of persons who would have died from other causes, it is readily seen that “exciting” factors if continuous in operation have a longer time in which to become effective. An increased incidence in cancer seems to be closely associated with an increased average age in any population if the sample population is not a selected one. Also, it may be that old age in itself brings about changes in tissue activity which result in a cancerous state.

Of the “predisposing” factors cited at times are the influence of diet or again heredity. Neither of these factors has ever been shown to play a definite role in causing human cancer.

There is no known preventive measure of general application in the control of cancer incidence but much can be done to prevent death from this cause in many cases, and to considerably ameliorate or extend life in others. Persons who suffer from chronic sores or ulcers of the skin or mouth or chronic digestive troubles or discharges should seek medical advice at the earliest possible moment since surgical treatment or radiation offer considerable hope of recovery in early cancer.

Table 14 shows the number of deaths from cancer together with death-rates per 1,000 of the population for the decennial period 1935/1944.

TABLE 14.

				No. of Deaths	Death Rate
1935	...	...	...	527	1.23
1936	...	...	...	540	1.17
1937	...	...	...	563	1.2
1938	...	...	...	591	1.2
1939	...	...	...	585	1.2
1940	...	...	...	584	1.2
1941	...	...	...	582	1.2
1942	...	...	...	626	1.3
1943	...	...	...	631	1.3
1944	...	...	...	643	1.3

DIARRHOEA AND ENTERITIS.

Notifications from Diarrhoea and Enteritis in 1944 numbered 1,279, whereas the figures for 1943 and 1942 were 2,031 and 2,657. As these figures may to a certain

extent be somewhat misleading, it is as well at this stage to point out that in the years 1942 and 1943 the disease was then notifiable for all age groups. In 1944 notification was confined to children under 2 years of age suffering from this disease. Having regard to the fact that statistics relating to deaths refer only to children under 2 years of age, a comparison of the deaths for the earlier years of notification would serve no useful purpose. The notifications for 1944 represent a case rate of 2·5 per 1,000 of the whole population and rate of 22·8 per 1,000 of the estimated population under five years. The four years under review have seen an unprecedented rise in the death rate from this cause. In 1941 506 deaths were recorded, falling to 465 in 1942; while in the following year a record number of 609 was reached followed by a fall of 96 in 1944. Various suggestions have been put forward as to the causative factors contributing to such a heavy toll of the infant population and in 1941 the matter was the subject of special investigation by a Commission set up by the Department of Local Government and Public Health. It is hoped that the benefits of the Commission's findings will be reflected in a gradual lessening of deaths.

In Table 15 will be found the age-sex distribution of deaths from Diarrhoea and Enteritis for 1944.

TABLE 15.

Ages	Male	Female	Total	Per Cent.
Under 6 months	251	207	458	89·27
6 months—1 year	25	19	44	8·58
1 year—2 years ...	6	5	11	2·15
	282	231	513	100·00

WHOOPIING COUGH.

1,267 notifications were received during 1944 in respect of this form of disease ; equivalent to a rate of 2·5 per 1,000 of the population. Comparison with the three preceding years shows :

	No. of notifications	Rate per 1,000 of the population
1941 	428	·87
1942 	1,423	2·91
1943 	586	1·17

It should be noted that Whooping Cough was made a notifiable infectious disease in 1941.

During 1944 there were 39 deaths attributed to this cause, the number in 1943 being 63. The rates per 1,000 of the population were 0·7 and 1·5 respectively.

In Table 16 is set out the age-sex distribution of deaths from Whooping Cough during the year 1944 ; practically all of the deaths occurred in children under 5 years of age and approximately 70 per cent. in the first year of life. Whooping Cough not only causes numerous deaths in infants and young children but frequently is a cause of permanent physical defect in the survivor. The catarrhal state of the lungs which frequently results from this infection presents a favourable site for the development of Tuberculosis. This disease is extremely fatal in the first two or three years of life and it is of the greatest importance that children of tender years be protected from possible sources of infection.

TABLE 16.

DEATHS FROM WHOOPING COUGH, CITY OF DUBLIN, 1944.

Ages	Males	Females	Totals	Per cent.
0-1 ...	13	15	28	71·79
1-2 ...	4	3	7	17·95
2-5 ...	—	2	2	5·13
5+> ...	1	1	2	5·13
	18	21	39	100·00

In Table 17 are given the numbers of cases of Whooping Cough and deaths from this disease during the period 1941/1944.

TABLE 17.

WHOOPING COUGH—CASES AND DEATHS—1941/1944.

Year		Cases	Deaths	Death Rate per 1,000 of population	Percentage of deaths to cases
1941	...	428	54	1.1	12.38
1942	...	1,423	72	1.4	5.05
1943	...	586	63	1.5	10.75
1944	...	1,267	39	0.7	3.07

MEASLES.

Like Whooping Cough, Measles was included in 1941 in the list of notifiable diseases which are required to be notified by Medical Practitioners. The total number of cases notified in 1944 was 3,548, representing a case rate of 7.01 per 1,000 of the population.

Comparison with the three preceding years shows :

			No. of Notifications	Case Rate per 1,000 of the Population
1941	....	....	975	1.99
1942	....	....	1,427	2.91
1943	....	....	419	0.83

During 1944, 47 deaths were registered from this cause all of which with the exception of 4 were under 5 years of age. The rate per 1,000 of the population

was $\cdot 09$ per 1,000 of the population, as compared with 5 deaths, equivalent to a rate of $\cdot 01$ in 1943. Seventeen deaths were recorded in 1942 giving a rate of $\cdot 03$ per 1,000 of the population. 1931 with 223 deaths represents the last severe epidemic of measles. Table 18 sets out the age, sex distribution of the deaths recorded during 1944 and Table 18 gives the age distribution of deaths from Measles over the past 10 years.

TABLE 18.

DEATHS FROM MEASLES—CITY OF DUBLIN. 1944

Ages	Males	Females	Totals	Per cent.
0-1 ...	7	16	23	48·93
1-2 ...	5	6	11	23·40
2-3 ...	2	3	5	10·63
3-4 ...	—	2	2	4·26
4-5 ...	2	—	2	4·26
5-9 ...	3	1	4	8·52
10+> ...	—	—	—	—
	19	28	47	100·00

It may be seen from Table 19 that 94·71 per cent. of the total deaths occurred amongst children under 5 years of which 41·04 per cent. were in the first year of life. The mortality in Measles depends mainly upon the age at which infection occurs. A close inspection of this Table will reveal the relative importance of this disease as a cause of death in very young children.

TABLE 19.

AGE-DISTRIBUTION OF MEASLES DEATHS, 1935—1944.

Year			Under 1 year	1-4	5-14	Total
1935	...	...	47	35	5	87
1936	...	...	30	51	9	90
1937	...	...	14	29	3	46
1938	...	...	14	22	1	37
1939	...	...	19	32	—	51
1940	...	...	10	13	—	23
1941	...	...	12	20	—	32
1942	...	...	10	6	1	17
1943	...	...	3	2	—	5
1944	...	...	23	20	4	47
Total Deaths			182	230	23	435
Per cent. Deaths			41·84	52·87	5·29	100·00

SCARLET FEVER.

The number of cases of this disease reported during the year 1944 was 355, representing a case rate of .7 per 1,000 of the population. Of these none proved fatal. 658 cases were notified in 1943, giving a case rate of 1·11 per 1,000. In the same period deaths from this cause numbered 7, equivalent to a rate of 0·01 per 1,000 of the population.

The age distribution of deaths registered from this cause for the period 1935-1944 will be found in Table 20. It may be noted that of the total deaths

66·66 per cent. occurred amongst children under 5 years of age.

TABLE 20.

AGE-DISTRIBUTION OF SCARLET FEVER DEATHS, 1935-1944.

Year	0-4	5-14	15+>	Total
1935	12	2	4	18
1936	48	15	3	66
1937	13	8	5	26
1938	16	3	3	22
1939	3	2	—	5
1940	5	1	1	7
1941	3	2	—	5
1942	4	1	1	6
1943	4	—	3	7
1944	—	—	—	—
Total Deaths ...	108	34	20	162
Per Cent. Deaths	66·66	20·98	12·36	100·00

TABLE 21

SCARLET FEVER.

Year	Cases Notified	Case-Rate	Deaths	Death Rate	Death-Rate Eire
1935	907	1·93	18	·03	·03
1936	1,768	3·78	66	·14	·058
1937	1,075	2·29	26	·05	·043
1938	1,154	2·42	22	·05	·027
1939	761	1·58	5	·01	·014
1940	627	1·27	7	·01	·011
1941	511	1·04	5	·01	·010
1942	678	1·38	6	·01	·010
1943	658	1·11	7	·01	·013
1944	355	0·7	—	—	·012

Examination of the above table will show that there is a steady decline in the incidence of this disease with a corresponding decrease in the death-rate.

DIPHTHERIA.

In the year 1944 there were 1,330 cases of Diphtheria recorded. A reduction of 21 on the previous year. This figure would indicate that Diphtheria still prevails in epidemic form in the City. Furthermore, the disease, as it is seen here, represents a very virulent form carrying a high case-fatality rate. There were 74 deaths from this disease in 1944 which represents a fatality rate of 5·5 per cent. In 1943, 1,351 cases were notified and 84 deaths recorded giving a case-fatality rate of 6·2 per cent. Accordingly it must be admitted that the Diphtheria notifications are not yet showing any appreciable decline or improvement notwithstanding the fact that a scheme of immunisation has been operating in the city for some years past. Such a state of affairs is largely attributable to the failure of parents to avail of the facilities provided at the various clinics throughout the City for immunisation of their infants and young children. It is most desirable that these very young children should be given the protection afforded against this disease since inspection of Table 21 will show that they suffer relatively high fatality-rates compared with the later age-groups. However, it is not to be considered a trivial infection even in the later age groups. It may also be stated here that it is shown that the case-fatality rates from Diphtheria in the higher aged children show a disturbing tendency to increase in recent years. All of these facts clearly point to the importance of seeking protection from this disease.

Diphtheria is one of the diseases from which the individual can secure protection by artificial means. When the prophylactic is efficiently administered it secures safety to a degree of almost certainty, a result which cannot be attained through the haphazard methods of Nature. In this connection it may be added that the sooner the protection is availed of the better for the infants and younger children of the City ; these children will shortly be entering on school

life when they will be brought into intimate contact with a school population which necessarily now has a high carrier-rate.

Table 22 gives the notifications and deaths at different ages as well as the fatality rates for the total population at the different ages in the years 1943 and 1944.

TABLE 22.

CITY OF DUBLIN—DIPHTHERIA NOTIFICATIONS AND DEATHS.
CLASSIFIED FOR AGE INCIDENCE.

Age	Cases		Deaths		Fatality-Rate	
	1943	1944	1943	1944	1943	1944
0-4	488	489	62	53	12·7	10·8
5-9	439	384	17	18	3·8	4·6
10-14	78	100	2	—	2·5	—
15+>	346	357	3	3	0·8	0·8
Total	1,351	1,330	84	74	6·2	5·5

DYSENTERY.

Eight cases of Dysentery all of which were of the bacillary type were notified during 1944 as compared with 2 cases in 1943 and one case in each of the two previous years. One Death was recorded in 1944.

CEREBRO SPINAL FEVER.

Notifications of Cerebro Spinal Fever numbered 50 representing a case rate of 0·9 per 1,000 of the population. Cases recorded in 1943, 1942, and 1941 were 38, 33 and 34 respectively. Deaths from this cause, ascertained from the Registrar-General's weekly returns, numbered 11 for 1944 equivalent to a rate of :02. Eight of these deaths occurred in children under 5 years of age, while 2 in adults over 55 years of age.

ENCEPHALITIS LETHARGICA.

In 1944, 6 cases of Encephalitis Lethargica were notified giving a case-rate of 0·01 per 1,000 of the population. Two cases were recorded in 1943 and 1942 while three were notified in 1941. None of the cases in 1944 was fatal.

ACUTE ANTERIOR POLIOMYELITIS.

With 53 cases, the year 1942 recorded the highest number of cases of Acute Anterior Poliomyelitis for a considerable time. Three cases were notified in 1944 and 7 in 1943. Deaths from this disease numbered 1 in 1944.

TYPHUS FEVER.

There were no cases of Typhus Fever notified in Dublin during the period under review.

OPHTHALMIA NEONATORUM.

Three cases of Ophthalmia Neonatorum were recorded in 1944, 7 in 1943 and 13 in 1942.

SCABIES.

In 1943 Scabies was added to the list of notifiable infectious diseases for the City of Dublin. In that year, 746 notifications were received, while in 1944 the number rose to 4,623. The high increase was no doubt due to the publicity that was given to the fact that Scabies was a notifiable disease.

The Corporation has provided up-to-date facilities for the treatment of Scabies at the Iveagh Baths, Bride Road. A fully-qualified staff is employed and the most modern treatment is provided. Since the opening of the Treatment Centre 60,725 persons have availed themselves of the facilities at their disposal.

ENTERIC FEVER.

Sixty-five cases of Enteric Fever were notified to this Department in 1944. In addition, 83 cases of Paratyphoid B. were recorded. In respect of the latter it was ascertained that the infection arose from some food served during a dance in one of the City ballrooms. Of the 65 cases of Enteric Fever notified, 34 were traced to food served in a railway restaurant car. The remainder can be regarded as unrelated sporadic cases. Eight deaths were recorded.

GENERAL STATISTICAL TABLES.

IN TABLE 1 ARE GIVEN THE NUMBER OF CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1944, AND ALSO CORRESPONDING CASES DURING THE PREVIOUS FIVE YEARS.

DISEASES				1939	1940	1941	1942	1943	1944
Enteric Fever	...	...	...	24	62	53	33	22	65
Diphtheria	...	...	...	913	720	451	624	1351	1330
Scarlet Fever	...	...	...	761	627	511	678	658	355
Measles	...	...	...	—	—	975	1427	419	3548
Whooping Cough	...	...	...	—	—	428	1423	586	1267
Puerperal Fever	...	...	...	16	13	18	22	15	17
Pemphigus Neonatorum	...	...	...	—	—	3	1	1	—
Pneumonia									
Acute Primary	...	...	...	137	190	213	355	315	401
Acute Influenzal	...	...	...	14	10	—	3	31	47
Anterior Poliomyelitis	...	...	...	3	1	8	53	7	3
Cerebro Spinal Fever	...	...	...	13	27	34	33	38	50
Encephalitis Lethargica	...	...	...	4	3	3	2	2	6
Diarrhoea and Enteritis	...	...	...	—	—	—	2657	2031	1279
Paratyphoid B.	...	...	...	3	3	—	—	1	83
Trachoma	...	...	...	—	—	100	42	64	47
Erysipelas	...	...	...	85	94	117	130	163	212
Ophthalmia Neonatorum	...	...	...	1	11	12	13	7	3
Continued Fever	...	...	...	—	—	—	—	—	1
Dysentery (Bacillary)	...	...	...	3	1	—	1	2	8
Malaria	...	...	...	1	—	—	1	—	1
Scabies	...	...	...	—	—	—	—	746	4623

IN TABLE 2 ARE GIVEN THE NUMBER OF DEATHS FROM INFECTIOUS DISEASES DURING 1944, AND ALSO CORRESPONDING FIGURES DURING THE PREVIOUS FIVE YEARS.

DISEASES	1939	1940	1941	1942	1943	1944
Enteric Fever	7	3	4	6	3	8
Diphtheria	84	56	54	56	84	74
Scarlet Fever	5	7	5	6	7	—
Measles	51	23	32	17	5	47
Whooping Cough	26	43	38	72	63	39
Puerperal Fever	6	1	8	4	3	4
Pemphigus Neonatorum	—	—	—	—	—	—
Pneumonia	431	457	368	374	385	406
Diarrhoea and Enteritis	209	233	506	465	609	513
Influenza	36	96	42	23	35	28

REPORT ON ANTI-DIPHTHERIA IMMUNISATION SCHEME FOR YEAR 1944.

The facilities provided during the year for immunisation against diphtheria consisted of a weekly session lasting one hour at six centres, a bi-weekly session of one hour at one centre, and a tri-weekly session, two of one hour and one of one and a-half hours at the Child Welfare Centre in Lord Edward Street, making a total of eleven sessions each week. In addition, immunisation of school children was carried out continuously throughout the year (holidays excepted) in the National Schools. Two additional Medical Officers with one additional nurse and clerk for each were employed to assist the Medical Officer in this latter work from January to July, and one additional Medical Officer with nurse and clerk from September to December.

The methods by which parents were encouraged to bring pre-school children for immunisation were as follows :—

(1) When a child reached the age of one year, its mother or guardian received a letter from the Medical Officer of Health, stating the reasons why the child should be immunised, and giving a list of the centres and time for attendance where immunisation could be obtained free, if the parents had not their own private doctor.

(2) Advertising.

During the year a special advertising campaign lasting three months was instituted in the Press, in Public Transport Vehicles operating in the City, and on Hoardings, in which the reasons and the facilities available for immunisation were fully set out.

(3) Health Visitors.

The Corporation's staff of Health Visitors impressed on mothers the necessity for immunisation, and encouraged them to bring their children to the centres for this purpose.

(4) Maternity and Child Welfare Clinics.

The Medical Officer in charge and the nurses engaged at these clinics advised and encouraged mothers to have their children immunised.

In table I is set out the total number immunised in the years 1941 to 1944, inclusive, segregated into those under 5 years and those 5 years and over, and further segregated into those who received one injection and those who received two injections. In all cases of pre-school and school children Alum Precipitated Toxoid (APT) was the prophylactic employed. The

very large numbers immunised in 1941 is explained by the fact that a big campaign was put into operation in that year in connection with preparations for a possible emergency evacuation of children. Children could not be evacuated unless they had been immunised against Diphtheria. A feature of this table is the comparatively large numbers who did not return for second injections. This is particularly regrettable in the case of pre-school children.

Table II gives the notifications of Diphtheria and the numbers fully immunised, and those not immunised with the percentage of those immunised who contracted the disease. This last figure shows an increase each year from 12·3% in 1941 to 18·7 in 1944. There was a marked increase in notifications in 1943 over those of 1942 and 1941, the respective figures being 1,345, 622 and 452. The figure for 1944, 1,326 shows a decrease over that of 1943, of only 19, so that the sharp rise in 1943 may be said to have been continued in 1944. This taken in conjunction with the percentage of those immunised who contracted the disease in 1943, namely, 17·1 and in 1944 18·7 as compared with the two previous years 14·9 and 12·3, may be taken as an indication of increased virulence in these years. Table III which gives the deaths from Diphtheria in these four years also shows a sharp increase in deaths amongst those immunised in the years 1943 and 1944 over those for 1941 and 1942, but in this respect there was a decline from 6% in 1943 to 4·1% in 1944. The total deaths in 1944 showed a decrease of 9 over those of 1943, and an increase of 17 and 19 over 1942 and 1941 respectively.

Table IV shows the notifications by age groups in 1943 and 1944. Table V the deaths and Table VI the Fatality Rate in these age groups. It will be seen that the highest rates in all those Tables are in respect of children under 5 years. Whilst there was an increase in 1944 of 2 in notifications in this age group, there

was a decrease in deaths of 9 and in Fatality Rate of 1·9. In the next age group 5—9 years, there was a decrease of 57 in notifications, but an increase of 1 in deaths and 0·9 in Fatality Rate. In the age group 10—14 there was an increase of 25 in notifications, 100 in 1944 as against 75 in 1943, but no deaths as against 2 in 1943. The age group 15 and over shows an increase of 11 in notifications over 1943, and an increase in deaths of 1 and in Fatality Rate of 3. There would appear to be a tendency for the incidence of this disease to increase in the adult population.

TABLE I.

Number immunised for 4 years, 1941 to 1944, inclusive.

Year	Under 5 years		5 years and over		Total	
	1 Inject.	2 Injects.	1 Inject.	2 Injects	1 Inject.	2 Injects.
1941 ...	19,488	17,514	38,128	32,513	57,616	50,027
1942 ...	1,896	1,708	271	239	2,167	1,947
1943 ...	8,457	7,588	14,040	11,053	22,497	18,641
1944 ...	5,891	4,907	25,435	23,299	31,326	28,206
	35,732	31,717	77,874	67,104	113,606	98,821

TABLE II.

Cases of Diphtheria notified for 4 years, 1941 to 1944.

Year	Number of Cases	Fully Immunised	Not Immunised	Per cent. Immunised
1941 ...	452	56	396	12·3
1942 ...	622	93	529	14·9
1943 ...	1,345	230	1,115	17·1
1944 ...	1,326	249	1,077	18·7

TABLE III.

Deaths from Diphtheria notified for 4 years, 1941 to 1944, inclusive.

Year	Number of Deaths	Fully Immunised	Not Immunised	Per cent. Immunised
1941 ...	54	1	53	1·8
1942 ...	56	2	54	3·5
1943 ...	82	5	77	6·0
1944 ...	73	3	70	4·1

TABLE IV.

Cases of Diphtheria in the various Age Groups, 1943 and 1944.

Year	0—4 Years	5—9 Years	10—14 Years	15 years and over	Total
1943 ...	485	439	75	346	1,345
1944 ...	487	382	100	357	1,326

TABLE V.

Deaths from Diphtheria in the various Age Groups, 1943 and 1944.

Year	0—4 Years	5—9 Years	10—14 Years	15 Years and over	Total
1943 ...	61	17	2	2	82
1944 ...	52	18	—	3	73

TABLE VI.

Fatality Rate in the various Age Groups, 1943 and 1944.

Year	0—4 Years	5—9 Years	10—14 Years	15 Years and over	Total
1943 ...	12·5	3·8	2·6	0·5	6
1944 ...	10·6	4·7	—	0·8	5·5

A. F. COONEY, Medical Officer.

VERGEMOUNT FEVER HOSPITAL, CLONSKEAGH.

ANNUAL REPORT FOR THE YEAR ENDED
31st DECEMBER, 1944

BY

F. N. ELCOCK, L.R.C.P.S.I., D.P.H.,
Resident Medical Superintendent.

During the year ended 31st December, 1944, fifteen hundred and ninety one cases were admitted to Vergemount Fever Hospital. One hundred and sixty three cases remained in Hospital at the close of the year 1943, and the total number under treatment was 1,754. There were eighty deaths, and 1,674 were discharged cured.

The Mortality rate for all cases under treatment was 4.5 per cent., as compared with 8.9 per cent. in 1943 and 10.9 per cent in 1942.

The number of admissions for the year 1944 constituted a record in the history of the Hospital. The following table shows the increase in the number of admissions yearly :—

TABLE 1

SHOWING NUMBER OF ADMISSIONS FROM THE YEAR 1938.

YEAR	NO. OF ADMISSIONS.
1938	399
1939	593
1940	744
1941	1,144
1942	1,149
1943	1,348
1944	1,591

Diphtheria admissions showed a marked increase during recent years, the type being still virulent, and was again responsible for the high fatality rate in this disease. The infection caused thirty-seven deaths, thus accounting for 46 per cent. of the total Hospital mortality.

The health of both the Nursing and Domestic Staffs (working daily in a Fever Hospital) was, on the whole, satisfactory. Two nurses and three domestics contracted mild attacks of Diphtheria. These members of the Staff had all been previously immunised against Diphtheria, and, as a result, their infection was mild and their isolation in hospital considerably shortened. One nurse contracted Enteric Fever (three months after a full course of T.A.B. vaccine). One nurse contracted measles, while another member of the temporary nursing staff was off duty for three weeks with an attack of mumps. Twelve members of the Nursing and Domestic Staffs were warded during the year with minor ailments, viz.: Whitlows, Cellulitis, Bronchitis, Sinusitis, etc. All members of the Nursing and Domestic Staffs on taking up duty were immunised against Diphtheria and Enteric Fever. The prophylactics used were T.A.F. (Burroughs & Wellcome) and T.A.B. Vaccine (prepared by the National Vaccine Institute, Sandymount), respectively. As in recent years, the practice of swabbing all members of the Staff for the identification of the carrier state (Diphtheria) was carried out, and the results showed that no member was found to harbour virulent diphtheria organisms. The hospital cook was bacteriologically examined for the carrier state (Enteric Fever) and found to be negative.

Dr. Connolly, Senior House Physician, left the staff on the 31st December, 1944, having completed his period of office. Dr. Doyle was then promoted to Senior, and Dr. Reddin was appointed Junior House Physician.

From 1940, the Corporation, realising the need for

a modern fever hospital, carried out the following scheme of works at Vergemount Fever Hospital. One modern Cubicle, and Ward, Block were opened in the latter part of that year. These blocks are centrally heated ; a feature is the glass walled cubicles which ensure constant inspection by the nurse on duty. New roads and footpaths were made and water mains laid on. Lawns were cultivated ; flower beds and trees were planted in profusion. In 1943, a new boundary wall was erected, together with a new entrance gate, the old gate-keeper's lodge and old entrance gate having been demolished. A new gate-keeper's lodge was erected in 1943. This modern building contains a large enquiry office. In 1944, two modern cubicles blocks were opened, each capable of accommodating twenty-four patients. Both are centrally heated. The year was also notable by the fact that the foundations for the New Administration Block were laid.

Numerous repairs, including the painting of all existing buildings, were carried out during the year. A new electric cooker was installed in Vergemount Home kitchen owing to the increase in the number of meals. The cooking of all meals had been carried out by two ranges which were found to be inadequate owing to the rapid increase in the number of admissions. As the nursing staff also increased, it was also found necessary to install an electric cooker in order to cope with the catering.

St. Gerard's Home, Herbert Avenue, was opened in October, 1942, for convalescent Diphtheria patients. In the following year, an old play-hall in the grounds was converted into a ward capable of receiving twelve children. Two firestoves were erected, together with sanitary, bath accommodation and a small kitchen. The maximum number of beds at present is thirty-six. This convalescent Home was badly needed and was fully occupied, thus leaving more beds at Vergemount Hospital for the treatment of acute cases.

In 1944, the Board of Dublin University decided to

recognise Vergemount Fever Hospital as a clinical teaching institution in Infectious Diseases for final medical students. The Committee of Management of the Conjoint Board of the Royal College of Surgeons and the Royal College of Physicians already had taken similar action. In 1941 the Senate of the National University approved and recognised this Hospital for both the M.B. final examination and the D.P.H. course.

It is to be hoped that the Hospital will in the near future be recognised as a training school for nurses seeking a Fever qualification.

The Medical Research Council of Ireland included Vergemount Hospital in the list of teaching hospitals entitled to obtain supplies of penicillin.

In conclusion, I would like to thank both Dr. Connolly and Dr. Doyle for their co-operation during a very busy year ; also the nursing staff, under the supervision of the Matron, Miss Cusack, for their attention to patients, and discharge of their duties.

TABLE 2.

SHOWING THE NUMBER OF ADMISSIONS AND THE NUMBER OF DEATHS FOR THE YEAR ENDING 31st DECEMBER, 1944.

Disease				No. of Cases Admitted.	No. died	Case Mortality.
						%
Diphtheria	...	...		569	37	6·5
Tonsillitis	...	...		345	—	—
Scarlet Fever	...	...		129	—	—
Enteric Fever	...	...		85	2	2·35
Measles	...	...		45	—	—
Diarrhoea and Enteritis	...	...		45	9	20·00
Pneumonia	...	...		40	7	17·50
Food Poisoning	...	...		33	—	—
Rubella	...	...		30	—	—
Mumps	...	...		17	—	—
Cerebro-Spinal Meningitis	...	...		17	2	11·76

TABLE 2—continued.

Disease	No. of Cases Admitted	No. died	Case Mortality.
			%
Erysipelas	16	—	—
Quinsy	13	—	—
Tuberculous Meningitis ...	13	13	100·00
Pertussis	12	2	16·66
Meningismus	10	—	—
Varicella	4	—	—
Pleurisy	4	—	—
Malaria	3	—	—
Puerperal Sepsis	3	—	—
Anterior Poliomyelitis ...	3	1	33·33
Uraemia	2	2	100·00
Pneumococcal Meningitis ...	1	1	100·00
Encephalitis	2	1	50·00
Tetanus	1	—	—
Rheumatic Fever	1	—	—
Pulmonary Tuberculosis ...	2	1	50·00
Valvular Disease of Heart ...	2	2	100·00
Miscellaneous	144	—	—
	1,591	80	5·03

DIPHTHERIA.

Five hundred and sixty-nine cases were admitted which shows a decrease of 102 from the previous year. Thirty-seven died, giving a mortality rate of 6.5 per cent as compared with 5.3 per cent. in 1943, and 7.84 per cent. in 1942. Of the thirty-seven deaths, sixteen were admitted beyond medical aid. It was noted that thirteen were admitted on the third day of illness seven on the fourth day and seventeen on the fifth day and later. Three of these cases were definitely Haemorrhagic in origin and did not respond to treatment. The remainder were of the toxic or laryngeal type and they were sent to hospital too late to benefit by treatment. It is a pity that these cases were not

admitted in an early stage of the disease, so as to benefit by diphtheria anti-toxin. As in previous reports, I have pointed out that the chances of a toxic case of Diphtheria recovering when three or four days have passed before antitoxin is administered are practically nil.

Treatment by combined active (Formal Toxoid) and passive (antitoxin) immunity, which was introduced in 1940, had to be abandoned owing to the difficulty in procuring Formal Toxoid due to the War. Of the small numbers treated, good results were noticed, particularly a diminution in the frequency of paralyses.

It is a regrettable fact that of the thirty-seven deaths, only two were immunised. One case received only partial immunisation and the other the full dosage.

It has been found that Diphtheria is more fatal in children under five years than at any other period of life. Immunisation is, therefore, best done early in the second six months of life, and repeated before the child enters school.

It is most unfortunate that some parents will not co-operate in preventing this disease by availing of the opportunities offered for having their children immunised.

In cases of Diphtheria, especially between the ages of six months and five years, when the disease is most dangerous, some require immediate relief by operation, while others must be treated in an Iron Lung or other mechanical apparatus which treatment may be continuous for days or weeks, and as a result of which a fatal form of Broncho-pneumonia may develop. In many cases of children who *do* recover from an attack of Diphtheria, the effect of this disease leaves a number of them with permanently damaged hearts. In these instances, it is found that parents then realise, when it is too late, their neglect in the protection of their children.

A perusal of Table III shows an analysis of the Diphtheria deaths, giving age, day of disease and whether immunised.

TABLE 3.

ANALYSIS OF DIPHTHERIA DEATHS FOR THE YEAR 1944.

Ref. No.	Age.	Days ill before Admission.	Immunised.	Observations.
38	5 $\frac{7}{12}$ yrs.	3	No.	<i>Toxic Diphtheria.</i> Early cardiac failure. Palatal paresis.
62	4 mths.	3	No.	<i>Faucial and Nasal Diphtheria.</i> Complicated by Enteritis. Lived 20 hours.
76	6 $\frac{1}{12}$ yrs.	4	No.	<i>Laryngeal and Pulmonary Diphtheria—Tracheotomy.</i>
82	7 $\frac{1}{12}$ yrs.	4	No.	<i>Haemorrhagic Diphtheria</i> (Faucial and Nasal). Palatal paresis, Pharyngeal paralysis, facial paralysis and late cardiac failure ensued.
92	9 mths.	16	No.	<i>Nasal Diphtheria</i> complicated by Broncho-Pneumonia, dying on admission. Lived only 16 hours.
146	11 mths.	4	No.	<i>Laryngeal Diphtheria.</i> Moribund on admission. Tracheotomy performed. Cardiac failure.
177	3 mths.	6	No.	<i>Faucial and Nasal Diphtheria,</i> complicated by Enteritis, Bronchitis and Inanition.
182	7 mths.	3	No.	<i>Faucial and Laryngeal Diphtheria.</i> Tracheotomy performed. Broncho-Pneumonia developed.
190	9 mths.	3	No.	<i>Faucial and Nasal Diphtheria</i> Cardiac Failure.

Ref. No.	Age.	Days ill before Admission.	Immunised.	Observations.
257	3 yrs.	4	No.	<i>Faucial and Nasal Diphtheria.</i> Extremely toxic on admission. Cardiac Failure.
286	11 mths.	6	No.	<i>Laryngeal and Nasal Diphtheria</i> Moribund on admission. Tracheotomy performed which gave relief. Death from cardiac failure within 24 hours.
312	7 $\frac{10}{12}$ yrs.	3	No.	<i>Haemorrhagic Diphtheria</i> (Faucial and Nasal). Death from acute cardiac failure within 7 days.
348	11 mths.	11	No.	<i>Faucial, Nasal and Laryngeal Diphtheria.</i> Tracheotomy performed on admission. Death from acute cardiac failure.
377	13 days	3	No.	<i>Faucial and Nasal Diphtheria,</i> complicated by Diarrhoea and Enteritis. Weight on admission 5 lb. 10 ozs.
407	4 yrs.	4	No.	<i>Haemorrhagic Diphtheria</i> (Faucial and Nasal). Died in 3 days from acute cardiac failure.
408	9 $\frac{1}{2}$ yrs.	?	Immunised 1943—One injection, A.P.T.	<i>Toxic Diphtheria,</i> complicated by Encephalitis. Died 2 days after admission.
453	1 $\frac{3}{12}$ yrs.	10	No.	<i>Faucial and Laryngeal Diphtheria.</i> Moribund on admission. Tracheotomy gave immediate relief. Died from cardiac failure in less than 48 hours.
532	58 yrs.	3	No.	<i>Toxic Diphtheria</i> (Faucial and Nasal). Extremely toxic on admission. Complications—palatal, pharyngeal, diaphragmatic and respiratory paralyses.
534	5 $\frac{10}{12}$ yrs.	3	No.	<i>Toxic Diphtheria</i> (Faucial and Nasal). Collapsed from acute cardiac failure in 24 hours.

Ref. No.	Age.	Days ill before admission.	Immunised.	Observations.
560	2 $\frac{10}{12}$ yrs.	7	No.	<i>Faucial and Laryngeal Diphtheria.</i> Dying on admission. Tracheotomy gave relief but heart failed within 6 hours.
679	1 $\frac{3}{12}$ yrs.	3	No.	<i>Faucial and Laryngeal Diphtheria.</i> Tracheotomy on admission. Case hopeless.
691	2 $\frac{3}{12}$ yrs.	5	No.	<i>Faucial and Nasal Diphtheria.</i> Moribund on admission. Lived only 6 hours.
747	13 days	5	No.	<i>Faucial Diphtheria,</i> complicated by Diarrhoea and Enteritis. Weight on admission 5 lb. 8 ozs.
758	15 days	?3	No.	<i>Faucial and Nasal Diphtheria.</i> Complicated by Diarrhoea and Enteritis. Died 11 days after admission. Weight on admission 5 lb. 4 ozs.
819	3 yrs.	5	Immunised 1942—Two Injections A.P.T.	<i>Laryngeal Diphtheria.</i> Tracheotomy performed which gave relief but case admitted too late to benefit by treatment. Died in 24 hours.
866	1 $\frac{9}{12}$	5	No.	<i>Nasal and Laryngeal Diphtheria.</i> Moribund on admission. Tracheotomy gave instant relief. Death in 15 hours.
1007	9 mths.	5	No.	<i>Faucial and Nasal Diphtheria.</i> Ashen grey colour on admission. Extremely toxic and died within 24 hours.
1095	1 $\frac{3}{12}$	7	No.	<i>Faucial and Nasal Diphtheria.</i> Broncho - Pneumonia and cardiac failure on admission. Died after 48 hours.
1237	1 $\frac{11}{12}$	4	No.	<i>Toxic Diphtheria.</i> Cardiac failure 6 days after admission Treated with Penicillin.

Ref. No.	Age.	Days ill before Admission.	Immunised.	Observations.
1281	6½ yrs.	?3	No.	<i>Faucial and Laryngeal Diphtheria.</i> On admission child gasping for air owing to marked obstruction. Tracheotomy gave relief. Cardiac failure 20 hours. Treated with Penicillin.
1283	7 $\frac{9}{12}$ yrs.	3	No.	<i>Toxic Diphtheria</i> (Faucial and Nasal). Extremely toxic on admission. Developed early palatal paralysis followed by pharyngeal and neck paralyses. Sudden cardiac failure in 5th week.
1358	28 yrs.	6	No.	Extremely toxic on admission. Had been treated for Quinsy by Penicillin (100,000 units) prior to admission. Death from cardiac failure on 15th day.
1366	1 $\frac{2}{12}$ yrs.	4	No.	<i>Faucial and Laryngeal Diphtheria.</i> Tracheotomy performed on admission which gave immediate relief. Air entry excellent. Cardiac failure on 6th day. Treated with Penicillin.
1416	4 $\frac{8}{12}$ yrs.	?3	No.	<i>Laryngeal Diphtheria.</i> Moribund on admission. Lived for 30 minutes only. Tracheotomy gave relief but child died from acute cardiac failure.
1539	10 mths.	?3	No.	Condition hopeless on admission. Marked obstruction. Tracheotomy gave only temporary relief. Sudden cardiac failure on 6th day of disease.
1552	11 mths.	?3	No.	<i>Toxic Diphtheria</i> (Faucial and Nasal). Marked Toxaemia on admission. Bronchitic type of chest. Cardiac failure 8 hours after admission.
1584	3½ hrs.	6	No.	<i>Toxic Diphtheria</i> (Faucial) Complicated by an attack of measles on admission. Cardiac failure in 18 hours.

PENICILLIN

Penicillin, the new drug, was given to sixteen patients suffering from an attack of Toxic Diphtheria. These cases of toxic diphtheria were treated with large doses of Diphtheria Antitoxin (120,000 units) and Penicillin (ranging in doses from 20,000 units to 100,000 units). Bacteriological examinations were carried out by Dr. Stritch, City Bacteriologist.

It was difficult to assess the value of Penicillin in the treatment of these cases, since antitoxin was administered as well. In toxic cases of Diphtheria (who did not receive Penicillin) it was observed that the faucial oedema and periadenitis cleared up in the same time. With the addition of Penicillin in the treatment of these cases of Toxic Diphtheria, it was clinically observed that there was no appreciable change in either shortening the acute stage or preventing complications.

It is a known fact that Diphtheria Antitoxin absorbs circulating toxin and probably toxin which is but loosely combined with the tissues; but antitoxin cannot attract and absorb toxin already firmly fixed. The majority of our cases thus treated were admitted between the third and fifth day of the disease when, in my opinion, diphtheria toxin was firmly fixed to the tissues. Hence, the question arises had Penicillin any effect since antitoxin neutralises toxin only if administered in the early stages of the disease.

Table 4 shows the number of cases treated with combined Antitoxin and Penicillin.

TABLE 4.

Ref. No.	Day of Treatment.	Diphtheria Antitoxin Units.	Penicillin Units.	Clinical Condition.	Observations.
1237 1½ yrs.	4th	120,000	40,000	Toxic Diphtheria.	Died 8 days after admission. Not immunised.
1244 1½ yrs.	7th	40,000	60,000	Laryngeal Diphtheria.	? Possibility that Penicillin may have helped to avert a Tracheotomy. Patient recovered.
1269 2 $\frac{8}{12}$ yrs.	3rd	120,000	40,000	Toxic Diphtheria	Palatal paresis. Recovered 27 days after admission. Not immunised.
1277 30 yrs.	4th	120,000	80,000	Toxic Diphtheria	Complications—Nil. Immunised 1939 (Two injections.)
1281 6½ yrs.	?3rd	30,000	20,000	Faucial & Laryngeal Diphtheria	Moribund on admission. Tracheotomy performed. Air entry poor, Pulmonary Diphtheria. Died 7 hours after admission. Not immunised.
1283 7½ yrs.	3rd	120,000	80,000	Haemorrhagic Diphtheria (Faucial & Nasal).	Developed Palatal and Pharyngeal paralysis, also neck paralysis. Late cardiac failure occurred. Recovered. Not immunised.
1307 2 yrs.	4th	40,000	60,000	Faucial Diphtheria	Paralyses—Nil. Not immunised.
1318 32 yrs.	4th	120,000	80,000	Toxic Diphtheria	Paralyses—Nil. Not immunised.
1321 5 yrs.	3rd	40,000	90,000	Laryngeal Diphtheria	Tracheotomy performed. Tube removed on 3rd day. Recovered. Not immunised.
1324 7 yrs.	3rd	120,000	100,000	Toxic Diphtheria (Faucial & Nasal)	Recovered. Complications—Nil. Not immunised.
1342 3½ yrs.	?7th	80,000	80,000	Laryngeal Diphtheria	Tracheotomy performed, shortly after admission. Tube removed 5th day, re-inserted on 7th day owing to stridor and recession. Tube finally removed 20 days after admission. Recovered. Not immunised.
1328 13 yrs.	2nd	120,000	60,000	Toxic Diphtheria (Faucial)	Recovered. Immunised 1942.
1346 42 yrs.	3rd	120,000	40,000	Toxic Diphtheria (Faucial).	Complications—Nil. Not immunised.
1357 12 yrs.	3rd	120,000	60,000	Toxic Diphtheria (Faucial & Nasal).	Late cardiac failure. Recovered. Not immunised.
1358 18 yrs.	6th	120,000	100,000	Toxic Diphtheria (Faucial).	Died 9 days after admission from early cardiac failure. Not immunised.
1366 1½ yrs.	4th	40,000	80,000	Faucial & Laryngeal Diphtheria	Tracheotomy performed on admission. Pulmonary Diphtheria. Died 48 hours after admission. Not immunised.

SCARLET FEVER.

One hundred and twenty-nine cases were admitted for the year, which figure shows an increase of five from the previous year. There were no deaths. The type was mild and these cases were treated with either Sulphonamides or a combination of Sulphonamides and Scarlet Fever Antitoxin. Desquamation was noted to be very fine. The average stay in hospital was between three and four weeks. The following complications were met with viz :—

ADENITIS	OTORRHOEA
RHINORRHOEA	ABSCESSSES
CARDITIS	WHITLOWS
ALBUMINURIA	ARTHRITIS

ENTERIC FEVER.

Eighty-five patients were treated during the year. There were two deaths, giving a mortality rate of 2.35 per cent. Fifty-four cases were due to infection by *B. Paratyphosus B.* and thirty-one cases due to *B. Typhosus*. The two deaths occurred in the Typhoid Fever epidemic. A man, admitted in the Typhoid state of the disease, died from toxæmia six days after admission. The second death occurred in a girl of 19 years who, on admission to Hospital, was extremely toxic; she perforated three weeks after admission and died from Peritonitis and toxæmia shortly after operation.

MEASLES

Forty-five patients were admitted to Hospital suffering with measles. There were no deaths. Sulphonamide treatment was given with the view of lessening the risk of complications and good results were thus obtained.

RUBELLA

Thirty cases were treated during the year, of whom more than 50 per cent. were admitted as suspected cases of Scarlet Fever. All made good recoveries.

PERTUSSIS.

Twelve cases were admitted during the year. There were two deaths giving a mortality rate of 16.6 per cent. The cause of death in each case was due to Broncho Pneumonia. One case, a baby, of four weeks (fourteen days ill before admission) died five days after admission. The second case a baby of seven weeks, a premature twin (seven days ill before admission) lived only four days after admission. The cases that recovered were treated with success with Pertussis Vaccine (mixed) Antigen Laboratories.

ERYSIPELAS

Sixteen cases were admitted. The type was fairly mild and all were adults. There were no deaths or complications.

MENINGITIS.

THIRTY-ONE CASES OF MENINGITIS WERE ADMITTED FOR TREATMENT AND WERE CLASSIFIED AS FOLLOWS :—

TYPE	No.	Deaths.	Case Mortality
Meningococcal	17	2	11.7
Tuberculous	13	13	100.0
Pneumococcal	1	1	100.0

Tuberculous Meningitis appears to be on the increase during recent years. Of the two deaths from Meningococcal Meningitis, one, a baby of three months (four days ill before admission) developed Hydrocephalus and died on the forty-ninth day of the disease. The second death occurred in a baby of two years, who was admitted to Hospital with fulminating cerebro-spinal meningitis and who died twenty-six hours after admission. The fifteen cases that recovered were treated with Sulphonamides (Sulfathizole or Sulfadiazene) alone. The practice of giving Meningococcal Antitoxin has been discontinued at this Hospital for some years past. In many cases one lumbar puncture only was necessary, for diagnostic purposes, and all made good recoveries.

One case of Pneumococcal was treated. A young man of seventeen years (seven days ill before admission) was admitted in a comatose and delirious state. He never regained consciousness and died shortly after admission.

PNEUMONIA.

Forty cases of Pneumonia were treated in the wards for the year and were classified as follows :—

Type.	No.	Deaths.	Case Mortality.
Lobar Pneumonia 	14	—	—
Broncho Pneumonia 	26	7	26·9
	40	7	17·5

Excellent results were obtained by Sulphonamide therapy in the treatment of the cases of Lobar Pneumonia. There were no deaths. All made an early convalescence and no complications were noted.

Of the twenty-six cases of Broncho Pneumonia admitted, there were seven deaths which gives a mortality rate of 26.9 per cent. An analysis of these deaths shows that some of the cases were admitted to Hospital beyond medical aid.

TABLE 5.

SHOWING AN ANALYSIS OF DEATHS FROM BRONCHO PNEUMONIA FOR THE YEAR 1944.

Ref. No.	Age,	Days ill before admission.	Observations.
395	1 $\frac{2}{12}$ yrs.	7	Marked ulcerative stomatitis and septic rash all over body on admission. Chronic-type of chest. Died 7 days after admission.
538	9 mths.	9	Died within 24 hours of admission. Admitted too late to benefit by treatment.
684	9 mths.	?2	Died 24 hours after admission.
1058	1 $\frac{2}{12}$	3	Broncho Pneumonia in 1943. Advanced Rickets. Bad subject—died 3 days after admission.
1080	8 mths.	12	Extremely toxic and exhausted on admission. Died 48 hours after admission.
1541	6 mths.	5	Convulsions on admission. Died in less than 24 hours.
1581	1 $\frac{1}{2}$ yrs.	?2	Moribund on admission. Died in 36 hours.

DIARRHOEA AND ENTERITIS

Forty-five babies were admitted for treatment during the year. There were nine deaths giving a case mortality of 20 per cent. The majority of these very young babies who died were admitted far too late in the disease to benefit by treatment. Table VI shows the age, condition on admission to Hospital, etc.

TABLE 6.

SHOWING, AT VARIOUS AGES, THE NUMBER OF DEATHS OF CHILDREN UNDER TWO YEARS OF AGE FROM DIARRHOEA AND ENTERITIS FOR YEAR 1944.

Ref. No.	Age.	Days ill before admission.	Observations.
660	4 mths.	5	Dehydrated on admission. Lived only 4 days.
890	7 mths.	?2	Moribund on admission. Gastro-enteritis complicated by Broncho Pneumonia. Lived 7 hours after admission.
934	2 mths.	4	Marked dehydration on admission. Lived for 18 hours.
935	2 mths.	21	Well marked dehydration. Weight 5 lbs. 8 ozs. Died from marasmus.
936	1 $\frac{2}{12}$	8	Dehydrated and wasted. Died six days after admission.
937	3 wks.	7	Cyanosed and dehydrated. Died 36 hours after admission.
1212	2 mths.	?4	Wasted and dehydrated. Constant vomiting. Died shortly after admission.
1284	11 days	?2	Enteritis complicated by Broncho Pneumonia. Lived 6 days.
1314	3 wks.	?	Emaciated on admission. Lived only 4 days.

MUMPS AND VARICELLA.

Seventeen cases of mumps and four cases of varicella were admitted during the year. There were no complications.

PUERPERAL SEPSIS.

Three cases of Puerperal Sepsaemia were treated. There were no deaths. One case developed Phlegmasia Alba Dolens.

MALARIA

Three sailors (foreign going ships) were admitted suffering from malaria. One case was suffering from concurrent malaria and Enteric Fever (B. Typhosus).

All made good recoveries but one case was treated for eight weeks owing to anaemia following an attack of malaria.

ACUTE ANTERIOR POLIOMYELITIS.

Three cases were treated for this infection. There was one death, a baby of $1\frac{1}{2}$ years (admitted on 6th day of illness) with paralyses of both legs and who died three days after admission.

FOOD POISONING.

Thirty-three cases of Food Poisoning were treated during the summer months of 1944. There were no deaths.

The organism responsible was the *B. Aertrycke*. An outbreak of food poisoning occurred in Drimnagh in July. The outbreak was limited and circumscribed and confined to families who were neighbours and who were accustomed to help each other in the preparation of food for consumption by members of the respective families. The number of people attacked was twenty-two. During the investigation, it was ascertained that butter, cornflour and milk were mixed and a raw egg subsequently added. The organism causing the outbreak was found in the peccant food. The other eleven cases of food poisoning due to *B. Aertrycke* were sporadic cases admitted from all over the city.

ST. GERARD'S CONVALESCENT HOME

The Home which was opened to receive convalescent Diphtheria patients on 26th October, 1943, shows the number of admissions up to the present year as follows:

	Number of Admissions		
1942	69
1943	242
1944	287
TOTAL			<hr/> 598 <hr/>

ANNUAL REPORT

CITY OF DUBLIN MATERNITY AND CHILD WELFARE SERVICE.

TIMOTHY I. MURPHY, M.B., B.Ch., D.P.H.
Acting Medical Officer for Maternity and Child Welfare.

CARNEGIE WELFARE CENTRE,
LORD EDWARD STREET,
DUBLIN.

REPORT OF THE MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE.

FOR YEAR ENDED 31st DECEMBER, 1944.

Medical Officers :—

*Dr. T. I. Murphy, M.B., B.Ch., D.P.H.
Dr. Margaret Toher, L.R.C.S.I. Part time.

Dental Surgeon :—

J. B. Casey, B.D.S.

Health Visitors :—

Superintendent :—Miss M. E. Comyn.

Assistant Superintendent :—Miss E. Healy.

*Nurses :—*C. Cleary, M. M. Devane, C. Phillips, E. Doyle,
W. Brenan, A. Lynch, M. A. O'Carroll, K. Coady, M.
Healy, A. Foley, M. Mills, M. J. O'Donovan, K. Galvin,
A. Quinlan, S. E. Duffy, E. Burke, M. McConville, S.
Collins, M. Lysaght, B. Weymes, E. Flood, M. Breen,
M. Ryan, *F. Byrne, *H. Lyons, *E. Russell, *A. J.
Gallagher, *M. Boland, *A. Guinane, *B. Keane, *S. Flynn,
*E. O'Connor, *K. Mullaney.

Clerical Staff :—

Mrs. M. M. Shiel, Secretary.

Miss M. Godwin, Secretary, Rathmines and Pembroke Sub-
Committee.

Miss F. Carew, Shorthand-Typist.

Babies' Clubs Sub-Committee :—

Miss M. V. Butler, Secretary.

Infant Aid Society :—

Miss A. Nugent, Secretary.

Mrs. D. McAndrew, Miss E. Quinlan, Miss J. O'Mahony,
Miss C. Stanley, Miss P. Kenny, *Miss A. Halpin.

* Temporary.

MATERNITY AND CHILD WELFARE SERVICE.

ANNUAL REPORT, 1944.

Notification of Births Acts.

The total number of Births notified to the Public Health Department during 1944 was 15,308, of which number 11,560 were from the City Maternity Hospitals. During the year 9,471 births are visited by the Health Visitors. The percentage of such births that had pre-natal care was 93.

Births notified to Public Health Department	15,308
Births visited by Health Visitors	.... 9,471
Private Cases found on Visitation	.... 520
Percentage of births that had pre-natal care	.... 93

Home Visiting.

At the beginning of the year six temporary Health Visitors were employed to assist in promoting the breast feeding and diphtheria immunisation campaigns. Although this considerably eased the situation with regard to home visiting, many more Health Visitors are still required in order to ensure that each child is visited at frequent and regular intervals. During 1944 the Health Visitors concentrated on the "follow up" of infants under one year, as it was felt that better results would be obtained by this method.

Total number of domiciliary visits	.... 191,983
Cases on the books	.... 62,172
Special Visits	.... 8,055

Stillbirths.

There were 244 stillbirths enquired into by the Health Visiting Staff. 122 were North City and 122 South City cases. It was found that over 83 per cent. had had pre-natal care either from the Maternity Hospitals or their own private doctors.

Dental Treatment for Expectant and Nursing Mothers and Children under five years.

Dental Clinics.

Dental Clinics are held at the Welfare Centre, Lord Edward Street. The number of cases treated during the year was 6,737. 140 mothers got full sets of dentures, 29 half sets and 6 had dentures repaired. Some paid cost price, some free, the contribution being determined by the economic circumstances of the family. Cases requiring a large number of extractions or with abscess formation, etc., are referred to the Dental Hospital for anaesthetic.

This year, in addition to the ordinary work in the Dental Department, general anaesthetics were administered to cases with alveolar abscesses, etc., and to young nervous children.

Treatments in Dental Department 6,737
--	------------

Dentures Supplied.—Whole sets, 140 ; half sets, 29 ; Repairs, 6.

Maternal Mortality.

Intern cases delivered in City Maternity				
Hospitals	....	....	....	8,973
Deaths in City Hospitals	....	....	....	35
Death Rate per 1,000	....	....	....	3·9
Extern cases delivered by staff of City Hospitals				3,271
Deaths	....	....	....	3
Death Rate per 1,000 for Extern Cases				0·9

Infant Mortality.

Infant Mortality Rate for 1944	125
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The number of deaths from Gastro Enteritis continues to be very high. This disease still heads the list as the greatest cause of infant deaths.

Principal Epidemic Diseases causing Deaths in Children up to five years of age.

Gastro Enteritis	....	....	....	....	513
Diphtheria	....	....	....	....	53
Measles	....	....	....	....	43
Whooping Cough	....	....	....	....	37
Scarlet Fever	....	....	....	....

Breast Feeding.

The number of mothers who breast feed their babies is far from satisfactory. As already pointed out, every effort is made, considering the staff available, to visit and supervise the feeding of the infants in their homes. There is close co-operation between the three Maternity Hospitals and the Child Welfare Department. Over 90% of mothers leave hospital breast feeding their babies. This year a scheme was started whereby this Department is notified by the Hospital the day before a nursing mother is due to go home. By this means a Health Visitor is able to call on the mother on the same day as she leaves Hospital and give her advice and encouragement with regard to breast feeding.

The carrying out of Test Feeds was also re-introduced this year and has helped considerably in the promotion and maintenance of breast feeding. Complementary feeding is discouraged except when absolutely necessary.

During the year our Health Visitors investigated 8,749 infants with regard to the method of feeding. It was found that only 32% of these infants were breast fed.

Distribution of Free Milk.

During the year the Infant Aid Society distributed 1,814,370 pints of milk to children under five years of age. Their Voluntary Visitors paid 36,413 visits to homes and distributed 1,452 garments.

270 mothers on special diet received 19,026 pints of milk. It is part of the duties of a Health Visitor

on the District to recommend deserving cases for milk under the National Free Milk Supply Scheme.

Welfare Clinics.

The number of Welfare Clinics is totally inadequate. Every clinic is overcrowded and a detailed medical examination of the cases attending is rendered impossible in such circumstances. This state of affairs was pointed out in the report for 1943. For the year 1944 the attendances at the Clinics show a considerable increase.

Medical Consultations.

Mothers	{ Pre-natal	....	....	....	10,981
	{ Post-natal	....	....	....	8,005
Infants and Children		....	....	....	32,753
Gross Attendances :					
Mothers		....	....	....	52,465
Infants and Children			....	....	56,062

Re-examination Clinics.

A special clinic is held once weekly at the Welfare Centre, Lord Edward Street, to deal with children who require a more detailed examination than that which is possible to give at the ordinary clinic. The total number of cases examined during the year was 1,140.

Dinners.

During the year dinners were given to expectant and nursing mothers at the various Dining Halls throughout the City by the Catholic Social Service Conference and the St. John Ambulance Brigade. These organisations received a grant under the Maternity and Child Welfare Scheme. Mothers in need of nourishment are referred from the Welfare Clinics to the Dining Halls.

The Catholic Social Service Conference served 183,375 meals to expectant and nursing mothers. An average of 600 mothers per month attended the Dining Halls. 171,653 pints of milk were given.

ST. JOHN AMBULANCE.

Annual Returns from two Welfare Diningrooms for the Year ended
31st December, 1944.

Diningrooms	Number of Dinners Served	Pints of Soup taken home	Cost of Food			Cost of ad- ministration			Cost of Tram Tickets		
			£	s.	d.	£	s.	d.	£	s.	d.
66 Gt. Strand St.	29,573	28,831	814	3	7	438	15	0	48	8	4
Aldboro' House, Killarney St.	30,386	10,319	790	9	2	438	15	0			
TOTAL ...	59,959	39,150	£1,604	12	9	£877	10	0	£48	8	4

Number of confinements during the

year	....	....	....	421
„ stillbirths during the year				14
„ deaths under 14 days	....			9
				— 23 or 5·5%
„ twin births	....	....		7

One mother died 29th December, 1944.

Maternity Grants issued.

	£	s.	d.
411 3 lb. Bags of Flake Meal, value	20	11	0
415 Chemises were given to mothers			
value	269	15	0
403 Double set baby clothing, value	206	10	9
5,652 Pints of milk were distributed on			
behalf of the Child Welfare Com-			
mittee of the City of Dublin (cost			
refunded)	92	17	2
713 Mothers helped during 1944.			
256 of these mothers received extension dinner as			
they were breast feeding.			
49,332 5 month period dinners served.			
10,627 extension period dinners served.			
<u>59,959</u> TOTAL number of dinners served.			

Pre-natal Cases and Attendances at City Maternity Hospitals during the Year.

Hospital		Cases	Attendances
Coombe	....	2,433	6,475
National Maternity	....	4,531	12,055
Rotunda	....	3,923	16,611

Rickets and Orthopaedic Defects.

The incidence of Rickets remains high. Under the Maternity and Child Welfare Scheme, early ricket cases have been treated by :—(a) Ultra Violet Therapy and Massage at the Centre, Lord Edward Street, or in some of the Children's Hospitals; (b) Open Air Treatment in the Sunshine Home, Stillorgan. This latter treatment has proved very successful. Cases of gross deformities due to rickets attending the clinics are referred to the Orthopaedic Departments of the City Hospitals and to the Orthopaedic Hospital itself. During the year there were 27 cases sent to the Orthopaedic Hospital, 82 to the Children's Sunshine Home, Stillorgan, and 18 to St. Mary's Orthopaedic Hospital, Cappagh. Deformities due to conditions other than rickets were similarly referred and dealt with accordingly.

Ultra Violet Clinics.

Owing to the large number of cases of rickets, two extra clinics per week were started. 11,138 treatments were given in this Department for the year.

St. Ultan's Hospital.

Cases admitted during the year	....	524
Attendances at Out-Patient Department	....	2,683
Number of cases dealt with in X-Ray Department	....	319
Number of injections given for Whooping Cough	....	2,632

Jubilee Nurses' Association.

Number of cases referred for treatment (dress-ings, wash-outs, etc.)	....	....	234
Number of visits paid	....	....	705

Creches.

There are three Creches in the City—Meath Street, Henrietta Street and Rathmines. The largest is the Meath Street Creche. All are open to visits of inspection by the Medical Officer and Health Visitors. These Creches take care of pre-school children only for the day while the mothers are at daily work. A small daily nominal charge is made.

Homes for Unmarried Mothers.

The Regina Coeli Hostel, North Brunswick Street, which is carried on as a charitable institution and is supported mainly by voluntary subscriptions, was inspected many times during the year by the Medical Officer. The Health Visitors make weekly visits and, in addition, facilities were made available at the Slainte Welfare Clinic, Blackhall Place, to mothers before and after confinement, as was the service for infant consultations.

The Magdalen Asylum, Leeson Street, which is a home for unmarried mothers and babies, under the auspices of the Church of Ireland, was visited several times during the year.

Care of Foster-Children.

All boarded-out children are visited by the Health Visitors, lists of the cases being forwarded by the Dublin Board of Assistance to this Department where they are filed and recorded as in the case of other children. The Welfare Clinics are available to these children as are also the facilities that are provided for ordinary children.

**REPORT ON OPERATION OF MIDWIVES
(IRELAND) ACT, 1918,
AND THE
REGISTRATION OF MATERNITY HOMES ACT, 1934
BY
MISS A. TIERNEY, R.G.N., S.C.M.**

Midwives (Ireland) Act, 1918.

During the year 1944 200 midwives gave the required notice of their intention to practise within the area of the Local Supervising Authority.

In conformity with the rules of the Central Midwives Board, the midwives were visited at intervals throughout the year at their own homes. Special attention was given to personal cleanliness of the midwives and the condition of their homes and the necessary appliances, bag contents, etc. The registers containing the entries of births attended by midwives were examined and were with very few exceptions found to be correctly kept.

No midwife was reported for any breach of the Rules and Regulations in the period.

No unregistered woman was found practising without medical assistance.

The number of births attended by midwives was 3,732, or per cent. of the total births notified.

INSPECTION OF MIDWIVES.

The total number of visits made during the year 1944 was 704, as compared with 416 in the previous year. In addition, 345 visits (to Maternity Hospitals, homes of patients, etc.) were made during the year.

MIDWIVES' EMERGENCIES.

During the year 222 claims were made by medical practitioners in the city for attendance on emergencies of labour under the Midwives (Ireland) Act, 1918. The ability of the patient to pay the whole or any part of the fee was investigated.

Registration of Maternity Homes Act, 1934.

The number of homes registered under the above Act in the City on 31st December, 1943, was 39. No new applications for registration were received during the period under review. Two registrations were cancelled because the keeper of the nursing home desired to give up practice. The nursing homes on the Register at the end of the year numbered 37.

Throughout the year the nursing homes were visited regularly by the Inspector. 147 inspections were made.

INFANT AID SOCIETY.

ANNUAL REPORT, 1944.

It is with pleasure that the Infant Aid Society presents its Report for the year 1944 since it is able to record that, thanks to the continued co-operation of the Department of Local Government and Public Health in allocating a sum of £30,030 17s. 2d. from the National Free Milk Grant, and of the Dublin Corporation in providing the cost of administration of the Milk Scheme, the Society has been able to continue its work of providing free milk for the infants of the County Borough of Dublin.

When the Society was founded in 1911 a Constitution, adequate to the existing needs of the Society, was formed. Since then, however, times have changed and the Society has developed from small beginnings to the extensive organisation which exists to-day, so that it may be said to have outgrown its Constitution. At the Annual General Meeting held in June last year it was agreed that the Constitution required to be revised, and the Executive Committee was empowered to draw up a new one. During the year the Executive Committee and its sub-Committee appointed for the purpose have given much time and thought to the preparation of a Constitution incorporating the changes in the rules and regulations, and it was not until February of this year that the altered Constitution was finally approved. The new Constitution is in essence the same as the old, the objects and methods of the Society being the same as those adopted thirty-four years ago, and the Constitutions differing chiefly in points of procedure. For instance, the delegation of routine business to a Ladies' Committee, which met more frequently than the Executive Committee, has ceased and the Executive Committee now meets twice monthly, on second and fourth Fridays.

Milk Distribution.

Since its foundation the Infant Aid Society has striven to provide clean milk for the families of the poor. All the milk distributed from the Infant Aid Depots is Highest Grade Milk, i.e., milk from tuberculin tested herds, bottled under the most hygienic conditions. The value of tubercle free milk for children is well recognised. The great majority of cases of surgical tuberculosis, i.e., bone and joint, abdominal tuberculosis, etc., can be traced to infection by the bovine type of the tubercle bacillus, and since these conditions are most frequently contracted in childhood the value of providing Highest Grade Milk for children is clearly of the greatest importance.

The Society understands the many difficulties, due to war conditions, with which the Milk Producers have had to contend, and greatly appreciates the efforts made by them to maintain a regular supply of milk. Despite transport and severe weather conditions, they have continued punctual deliveries each morning to the Society's 24 Depots, from which 1,814,370 pints of milk were supplied to recipients during the year ended the 31st March, 1945. For the manner in which they carried out the distribution of the milk, praise is due to the Depot Attendants, who performed their daily duties with great efficiency.

EXPENDITURE ON MILK SCHEME, 1944-45.

			£	s.	d.
Milk	...	...	27,318	11	6
Depot Attendants' Wages, etc.		\			
Depot Expenses	...	/	2,667	18	2
			<hr/>		
			£29,986	9	8
Unexpended	...	...	44	7	6
			<hr/>		
Grant, 1944-45	...	...	£30,030	17	2

Voluntary Visitors.

One of the most important of the Society's activities is the work of the Voluntary Visitors. Every month each family receiving milk from the Society is visited by one of the Visitors, who brings the milk card with her and takes this opportunity of helping the families by advice and sympathy. As the same person visits the same district each month the families soon learn to appreciate the interest she takes in their welfare. This year 36,413 visits were made. Each visitor makes a monthly written report to the Captain of her district, and these reports and any matters of interest arising from them are dealt with at the monthly meeting of the Captains. Close co-operation between the Captains and their Voluntary Visitors on the one hand and the Captains and the office staff on the other is essential for the smooth running of this important part of the Society's work.

Sewing Guild.

Despite the difficulty of obtaining supplies, the Sewing Guild continued to provide, as far as possible, much needed clothing for the newly born infants. During the year 1,452 garments were distributed.

A very successful Bridge Drive was organised by the Ladies' Committee and £136 11s. 9d. resulted for the Sewing Guild, which is entirely dependent on subscriptions and receives no part of the Government Grant.

The Committee wish to express their thanks to the Ada-Lewis Distress Fund, Mr. O'Sullivan, Mrs. Hannan, Mrs. Little, Mrs. Hogan, Miss Fitzgerald, Scoil Brighde and Mrs. Butler for their subscriptions, and to those who helped by making garments for the Guild.

CENTRAL BABIES' CLUBS COMMITTEE.

Chairman :

ANDREW J. HORNE, ESQ., M.D.

Vice-Chairman :

MRS. A. MALCOMSON.

Hon. Treasurers :

ANDREW J. HORNE, ESQ., M.D.

MRS. E. HARGRAVE.

MRS. D. MALCOMSON.

Secretary :

MISS M. V. BUTLER.

Committee :

MRS. BACON, 23 Clyde Road.

DR. BARRY, Peamount, Newcastle, Co. Dublin.

MISS BUTLER, 11B Effra Road, Rathmines.

MRS. BUTLER-READ, 31 Raglan Road.

MRS. DANCEY, 9 Ely Place.

MRS. DEMPSEY, 127 South Circular Road.

MISS DOYLE, St. Anne's, Silchester Road, Glenageary.

MRS. HASARD, Church Villa, Church Avenue, Rathmines.

MRS. HENECY, 13 Newbridge Avenue, Sandymount.

MRS. JONES, 2 Riversdale Avenue, Bushy Park Road.

MRS. LANE, 65 Cabra Road.

MRS. LONERGAN, 4 Chestnut Road, Mount Merrion.

MRS. MOLLOY, 27 Church Avenue, South Circular Road.

MRS. MONAHAN, St. Anne's, Silchester Road, Glenageary.

MISS MORRISON, 3 Akendale Road, Glenageary.

MRS. MCSWEENEY, St. Anne's, Roebuck, Clonskeagh.

MRS. O'CONNOR, 18 Francis Street.

MRS. O'SULLIVAN, 146 Leinster Road, Rathmines.

MISS RYAN, 150 Merrion Road.

MRS. SMYTH, "Dunboy," Cowper Road, Rathmines.

Representatives of the City of Dublin Child Welfare Committee :

MRS. BUTLER-READ.

MRS. HENECY.

MISS DOYLE.

MRS. MOLLOY.

MRS. HARGRAVE.

BABIES' CLUBS COMMITTEE.

Report for the year ended 31st December, 1944.

During the year ended 31st December, 1944, the total attendances of Mothers, Infants and Children were 90,414 which shows an increase of 8,705 on last year's figures.

We were again fortunate in being able to procure Cod Liver Oil, Carragol Emulsion, Parrish's Food, Ostocalcium, Baby Redoxon, for the members attending our Babies' Clubs, the distribution of which was carried out by a voluntary Committee attached to each Club. Necessitous cases were supplied free, others at half price and cost, as directed by the Medical Officer. Dried Milk is supplied at the Clubs in the same way.

Lectures were given at the Clubs by a Health visitor. Mothers needing dentures are supplied with them by paying a small amount weekly, when recommended by the Medical Officer.

The Club Social Activities are reported as follows :—

Slainte Babies' Club. It was with great pleasure the Committee learned that Slainte Babies' Club had won the Aberdeen Shield. To mark the occasion it was decided to take all the members who entered for the competition to the Theatre Royal, and to give Mrs. Maguire, who got first place, and Mrs. Dolan, who got third place, special prizes, and also to give prizes of lesser value to four others who had obtained exceptionally good marks.

Folk Dancing Classes were held during the year, and the children were taken to a party at the Zoo.

A supply of blankets was obtained for the young babies.

Forty bags of fuel were received from the Mansion House Fuel Fund and distributed at Christmas. At Easter, one dozen eggs and a tin of Condensed Milk were given to each Mother.

The Club premises were kept in good repair, painting and white-washing being done when necessary.

B A B I E S ' C L U B S .

St. Laurence O'Toole's Club. It is gratifying to report that the attendance at our Club all through the year has been very high. A record number entered for the Aberdeen Shield Examination, and all received a small money prize. Presents of fuel and money were given at Christmas.

Gordon Babies' Club. The attendances have been very high all through the year, and we are glad to report that new young mothers are increasingly taking advantage of all the instructions and benefits they receive at the club.

The lectures given weekly by the assistant Superintendent, Miss Healy, are much appreciated. A record number entered for the examination for the Aberdeen Shield; though we did not win it the knowledge shown in the answering was extremely satisfactory and must make our members better mothers. Prizes of 10/-, 7/6, and 5/- were awarded by the Committee for the First, Second and Third best answers respectively.

A sewing class was held every Tuesday evening during the winter, and was extremely well attended. In fact the attendances were so high that the Technical Supervisor decided to hold the class for two hours instead of one hour as last year. A dancing class was held every Saturday morning during the winter and

spring months. At the conclusion, the children gave a display to their mothers and members of the Committee, and were afterwards entertained to milk and buns, each child getting an orange on leaving.

We were very fortunate in being able to get fairly satisfactory amounts of wool and material, for which, our mothers were very grateful. It has not been easy to get many more garments.

The Thrift Accounts was a record one, 67 mothers subscribing weekly, the amount lodged being £193 10s. 4d., on which the Committee paid £9 4s. 5d. interest.

At Christmas we gave a bag of turf to all those who attended regularly, and held a party at Myra Hall, kindly lent by the Committee of the St. Vincent de Paul Society. A substantial meal was provided. After tea they had music and dancing and thoroughly enjoyed themselves.

In the summer the children who attended the dancing class, their mothers, the members of the sewing class and all those who competed for the Aberdeen Shield were brought for an outing to the Zoo and were entertained to a substantial tea of sandwiches and cake, each child getting a bag of sweets on leaving.

A very successful Bridge Tournament was organised by the Committee at 94 Harcourt Street, kindly lent by the Regent Club.

St. Patrick's Club. There was a very large membership in this Club for the past year. The mothers are very interested in all the activities of the club. A number of mothers competed for the Aberdeen Shield. The six mothers who presented the best papers were awarded prizes.

At Christmas, fuel was given to ninety mothers. This was appreciated very much by the mothers, some of whom are attending the Club for a number of years. Our only regret was we could not do more for them.

St. Brigid's Club. Once again we are pleased to report a very successful year's work at our Club. The attendances continue to increase. The Aberdeen Shield Competition was held as usual, money prizes were awarded to successful entrants. Gifts of fuel and money were given to all our members at Christmas.

St. Monica's Club. A Christmas Party was held at the Civil Service Institute, Adelaide Road, on January 3rd, 1944. 124 mothers attended and enjoyed a very good meal of cold roast beef and chips, followed by ice cream, tea and cakes. Dancing and the usual singing were a feature of the entertainment.

In June, the mothers who had attended best during the first half of the year were taken to the Zoo and were given a very good tea there—68 in all.

During the year, dinner tickets and food parcels were as usual given to the more deserving cases, and one special case was helped with the rent and given the fare to go to the country with her children. Just before Christmas, 1944, the children of our best attenders were taken to a children's matinee at the Savoy Cinema.

St. Anthony's Club. During the year the mothers received money and turf. Each mother who entered for the Aberdeen Shield Examination received 5/-. At Christmas we distributed 37 bags of turf and also fuel from the Mansion House Fuel Fund.

SLAINTE CLUB, 6 BLACKHALL STREET.**Club Day—Monday, 11 a.m. to 1 p.m.****COMMITTEE :***President :* MRS. SMYTH, “Dunboyne,” Cowper Road, Rathmines.*Hon Secretary :* MRS. LANE, 65 Cabra Road.*Hon. Treasurers :* DR. A. BARRY, Peamount, Newcastle. MRS. LANE. MRS. O’CONNELL, 6 Stoneybatter.*Total attendances for the year—*

Mothers,	Children,
4,116	3,803

Representatives on the Central Committee :

Mrs. Lane. Dr. Barry. Mrs. Smyth.

ST. LAURENCE O’TOOLE’S CLUB, ALDBOROUGH HOUSE.**Club Day—Monday, 3 p.m. to 5 p.m.****COMMITTEE :***President :* MRS. O’CONNOR, 18 Francis Street.*Hon. Secretary & Treasurer.* MRS. MOLLOY, 27 Church Avenue, South Circular Road.

MRS. O’SULLIVAN, 146 Leinster Road, Rathmines.

MISS SHERIDAN, 357 North Circular Road.

Representatives on the Central Committee :

Mrs. Molloy. Mrs. O’Sullivan.

Total Attendances for the year :

Mothers,	Children,
4,900	5,387

GORDON CLUB, 48 THE COOMBE.**Club Day—Tuesday, 3 p.m. to 5 p.m.****COMMITTEE :**

- President :* MRS. HASSARD, Church Villa, Church Avenue.
Hon. Secretary : MRS. HARGRAVE, 68 Grosvenor Square, Rath-
 mines.
Hon. Treasurer : MRS. JONES, 2 Riversdale Avenue, Bushy Park
 Road.
 MRS. BAKER, 22 Palmerston Road.
 MISS BOYD, 35 Fitzwilliam Square.
 MRS. CALDWELL, 76 Frankfort Avenue.
 MRS. CALLAGHAN, 21 Brighton Road.
 MRS. FALVEY, 138 Leinster Road.
 MRS. GETHINGS, 46 Brighton Road.
 MRS. HOOPS, 22 Palmerston Road.
 DR. HARGRAVE, 24 Morehampton Road.

Representatives on the Central Committee :

Mrs. Hargrave. Mrs. Jones. Mrs. Hassard.

Total Attendances for the year—

Mothers,	Children,
7,313	7,710

ST. PATRICK'S CLUB, CARNEGIE CENTRE.**Club Day—Wednesday, 11 a.m. to 1 p.m.****COMMITTEE :**

- President :* MRS. HENEY, 13 Newbridge Avenue, Sandymount.
Hon. Secretary : MRS. LONERGAN, 4 Chestnut Road, Mount
 Merrion.
Hon. Treasurer : Miss N. RYAN, 45 Merrion Road.

Representatives on the Central Committee :

Mrs. Henecy. Mrs. Lonergan. Miss Ryan.

Total Attendances for the year—

Mothers,	Children,
4,156	5,466

ST. BRIGID'S CLUB, KEOGH SQUARE, INCHICORE.**Club Day—Wednesday, 3 p.m. to 5 p.m.****COMMITTEE :**

- President :* MRS. COSGRAVE, Frankfort Lodge, Inchicore.
Hon. Secretary : MISS MAGUIRE, "Clermont," 81 South Circular Road.
Hon. Treasurer : MRS. DEMPSEY, 127 South Circular Road.
 MISS MACKAY, 96 South Circular Road.
 MRS. MAGUIRE, "Clermont," 81 South Circular Road.
 MRS. CAHILL, 11 Mountshannon Road.

Representatives on the Central Committee :

Mrs. Dempsey. Miss Maguire.

Total Attendances for the year—

Mothers,	Children,
5,972	4,456

ST. MONICA'S CLUB, CARNEGIE CENTRE.**Club Day—Thursday, 11 a.m., to 1 p.m.****COMMITTEE :**

- President :* MRS. STOKES, 32 Upper Pembroke Street.
Hon. Secretary : MRS. MCSWEENEY, St. Anne's, Roebuck Road, Clonskeagh.
Hon. Treasurer : MRS. MALCOMSON, 4 Earlsfort Mansions.
 MISS MORRISON, 3 Akendale Road, Glenageary.
 MRS. COX, 26 Merrion Square.
 MRS. POTTER, 113 Lower Baggot Street.
 MRS. GROVE-WHITE, Rinnamara, Monkstown.
 MISS CADDINS, Linden, Leinster Road, West.
 MRS. WHITE, 50 Nutley Park, Donnybrook.
 MRS. BRENNER, Westray, Roebuck Road, Dundrum.

Representatives on the Central Committee :

Mrs. Malcomson. Mrs. McSweeney. Miss Morrison.

Total Attendances for the year—

Mothers,	Children,
4,924	5,495

ST. ANTHONY'S CLUB, TEMPLE STREET HOSPITAL.**Club Day—Thursday, 3 p.m. to 5 p.m.***President :**Hon. Secretary :**Hon. Treasurer :* MISS DOYLE, St. Anne's, Silchester Road, Glengary.

MRS. BRENNAN, 6 Sandymount Avenue, Ballsbridge.

MISS O'REILLY, St. Brendan's, Kenilworth Square.

MISS MONAHAN, St. Anne's, Silchester Road.

MISS O'CONNOR, 25 Upper Sherrard Street.

Representatives on the Central Committee :

Miss Doyle. Miss Monahan.

Total Attendance for the year—

Mothers,	Children,
6,341	7,238

ST. ANDREW'S CLUB, 10 LOWER MOUNT STREET.**Club Day—Friday, 11 a.m. to 1 p.m.****COMMITTEE :***President :* MRS. BACON, 23 Clyde Road.*Hqn. Secretary :* MISS PERRY, 43 Dartmouth Square, Ranelagh.*Hon. Treasurer :* MRS. BACON, 23 Clyde Road.

ANDREW J. HORNE, ESQ., M.D., 94 Merrion Square.

MISS BUTLER, 11B Effra Road, Rathmines.

MRS. CORBOY, 6 Gilford Road, Sandymount.

MISS KENNEDY, "Vergemount Hall," Clonskea.

MRS. SMYTH, Kimberley, Booterstown Avenue.

MRS. BROWN, 50 Northumberland Road.

Representatives on the Central Committee :

Miss Butler. Mrs. Bacon.

Total Attendances for the year—

Mothers,	Children,
2,639	1,927

LOURDES CLUB, ALDBOROUGH HOUSE.

Club Day—Friday, 3 p.m. to 5 p.m.

COMMITTEE :

President : MRS. O'DONNELL, " St. Helens," Mespil Road.

Hon. Secretary :

Hon. Treasurer : MRS. BUTLER-READ, 31 Raglan Road.

MISS GOULDING, 44 St. Stephen's Green.

MISS KELLY, 1 Wellington Road.

MISS O'DOWD-EGAN, " Clonfadda," Merrion Rd.

Representative on the Central Committee :

Mrs. Butler-Read.

Total Attendances for the year—

Mothers,	Children,
4,986	3,535

ANNUAL REPORT
ON THE
SCHOOL MEDICAL SERVICE
FOR THE
YEAR ENDING 31st DECEMBER, 1944.

BY

CATHERINE M. O'BRIEN, M.B., D.P.H., B.Sc., P.H.

COUNTY BOROUGH OF DUBLIN

ANNUAL REPORT

ON THE

SCHOOL MEDICAL SERVICE

FOR THE YEAR ENDED 31ST DECEMBER, 1944

BY

CATHERINE M. O'BRIEN, M.B., D.P.H., B.Sc., P.H.

SCHOOL MEDICAL SERVICE STAFF.

Chief School Medical Officer :

C. O'BRIEN, M.B., etc., D.P.H., B.Sc. P.H.

School Medical Officers

B. LYONS THORNTON, M.B. etc., D.P.H.

B. M. DUNLEVY, L.R.C.P. & S.I., D.P.H. until August, 1944.

J. O'DONNELL, M.B. etc., D.P.H. from August, 1944 (temporarily).

School Dental Officers :

MISS A. MCINTYRE, B.D.S.

G. HYLAND, L.D.S. appointed July, 1943.

Nursing Staff :

MISSSES MITCHELL, O'NEILL, MURPHY, MCGINLEY, FALVEY, BLAKE. MISS S. FLYNN appointed December, 1944.

Clerk

J. P. BYRNE.

Typists :

MISS B. DEMPSEY.

MISS O. MASTERSON.

The City Boundary was extended in 1941 to include part of Crumlin, thereby taking in the newly erected National Schools in that area—the Girls' with 4,633 on rolls is the largest in Ireland; the Boys' School caters for rather less than one-third of that number. The City Boundary has also been extended northward. It thus includes the four national schools in the Howth area as well as the care of children resident in the district who attend schools other than those situated in Howth.

There are now 230 National Schools in the Dublin County Borough with a population of approximately 76,500 children attending these schools. This includes the premises recently built and opened in West Cabra—Dominican Convent Girls' N.S. and St. Finbarr's Boys' N.S., as well as those in Crumlin North—Drimnagh Convent Girls' N.S. and Drimnagh Boys' N.S.

The outstanding feature of the period under review was the arrangement whereby sufficient interval was allowed to enable teachers and children to have middle-day dinner, an innovation gladly welcomed by those parents who have long since realised the difficulties involved in trying to keep a dinner hot, palatable or nourishing, without loss of food value, until 3.30, 4 or 4.30 p.m. Fuel rationing and scarcity of commodities aggravated the problem. How to persuade a tired child to eat, especially with the family "tea" coming on so soon afterwards and the possibility of its being more exciting fare than a dull, reheated dinner? Against this excellent innovation has been argued the futility of letting children home at middle-day unless there is in fact a dinner there to be eaten by them. Civilisation has not yet, however, become so bankrupt of mercy, justice and common-sense that any child could possibly be left to go without a simple balanced meal once daily, and a fair helping of it, even a second helping for the active child. The disconcerting replies received, however, to random questioning of children as to whether a large or small

portion is eaten, makes one wonder if perhaps it happens that inevitably the problem of quality must give way to the question of quantity. The child who replies in a shocked voice to the query as to why it does not eat a second helping of dinner "There wouldn't be enough for the others if I had a second lot," might well give thought to parents in a better way of life who worry because their children do not eat more. Cooking facilities, utensils, equipment, fuel, water-supply and drainage, no less than the knowledge, time and energy involved in preparing, cooking and serving an adequate meal of soup, vegetables, potatoes and meat for six or seven school-children, coupled with the skill required to purchase the materials for a daily dinner for a young growing family, and to balance the budget—all this sometimes in a one-roomed tenement dwelling, is a feat of no mean heroism, leaving, one suspects, the smallest helping for the mother whose happiness, mental satisfaction and joy it is to see her children eat the meal she has prepared for them. The "take away" service from the various Feeding Centres is a boon to families, especially to mothers who are not always able to cope with the dinner question. The make-do on bread with or without something fried is too often the harassed mother's only solution to the puzzle of how to feed herself and her family—hence the high consumption of bread by the poorer households. It is ready to eat, requires no preparation or cooking, and is filling. A state of affairs in which children learn to accustom themselves to very little food so that the appetite becomes dulled, is a pathetic way out, and is fraught with serious consequences for the future. Normal children are ready for their dinner at the usual Saturday—Sunday hour. The appetites of those migrated from tenement dwellings to the suburbs and to airy flats are said to have improved—if indeed a wholesome appetite in the case of some families of school children is not to be feared as a liability rather than welcomed as an asset. The advantages of the mid-day dinner interval are in-

estimable. In the case of schools situated near the homes of the pupils there is the additional advantage of time for play, while the school buildings are ventilated and class-rooms aired before the children return to afternoon school. The provision of footgear, either free or at special rates, was a boon to the many needy children.

Evacuation Scheme—School Closure.—The City National Schools were used as Registration Centres under the scheme for the evacuation to special areas of Dublin mothers and children 1941. Some of these premises were also utilised as Immunisation Centres in connection with Diphtheria Prophylaxis of registered children. This second period of school closure also enabled parents to obtain the necessary certificates of immunisation for children already treated, and was very much longer than the first. The School Medical Staff were engaged in this work. Conferences were held too with the various Departments concerned in the evacuation of the school population. The safeguarding of the health of the evacuees no less than that of the population in the reception areas merited serious consideration.

The World at War.—The destruction of property in the City by bombs May, 1941, necessitated the re-housing of 1,712 persons and their lodging temporarily in the Red Cross Refuge or with friends and relatives. It involved the transfer of the children of these families to new schools and surroundings, new teachers and new friends—to all of which apparently they soon adapted themselves. It aggravated gravely, however, the problem of re-housing those slum dwellers whose homes escaped the effects of bombs but who were none the less in need of accommodation.

1944: *Eye Conditions.*—The decline in the number of children suffering from Phlyctenular Ophthalmia was a welcome contrast to the increasing numbers

during the previous years. The isolation, loneliness and suffering which this Eye Disease causes to the child; the resultant corneal opacities in neglected cases; the long course of the disease and consequent absence from school, together with the tendency to recurrence, all these factors render this condition unfortunately one of major importance from the mental and physical view-point. The after-care of such children, too, needs special attention—their general health as well as their eyesight. Photophobia causes the child to remain indoors in its effort to avoid the pain and irritation of light, thus directly reducing its chances of recovery by deprivation of that fresh air which, in association with local treatment to the eye, rest and abundant nutrients, clear up the condition. The disease was found to be twice as frequent in girls as in boys. Some of the cases were suffering from malnutrition; others had signs of focal sepsis—mouth and nasopharynx—as well as pediculosis. Many of the children were contacts to T.B. persons in their homes; others were suffering from clinical Tuberculosis. It is not easy for a parent to grasp the association between a mere sore eye and the dreaded “decline.” All cases are referred, however, to the T.B. Department for full investigation, for Phlyctenular Ophthalmia is a manifestation of tuberculous infection. “This eye disease is in a sense an indication of the grade of physical fitness or unfitness in children” (Arnold Sorsby). An open-air residential school for such children is really necessary, and we gladly learn that arrangements are being made to establish such school in Linden, Blackrock. There are over 170 cases on our list. The practice in children of collecting discarded cigarette ends—even from the gutter sometimes—and smoking them, is a potential source of infection.

Trachoma has now been classified as a notifiable disease—Public Health (Infectious Diseases) Regulations 1941; there are altogether 66 cases on our list. It is a menace to the vision and an obstacle to the

academic progress of the school child, more especially if it gains entry into an institution where the danger of spread is only equalled by the difficulty in thoroughly eradicating it. Reference has already been made in each year's report to the appalling gravity of the existence of Trachoma in school children.

12 cases of Interstitial Keratitis have been seen during the year, including 2 cases of Optic Atrophy (specific), and Optic Neuritis. These occurred mostly in children showing almost no other signs (only four had stigmata). Blindness either of sudden onset from Optic Atrophy, or more slowly from untreated Keratitis can be prevented by routine Ante-Natal Wasserman (not confined to suspect cases), and the future brothers and sisters of such tragically blinded children safeguarded from a similar fate.

Fifty children are listed as wearing a Prothesis; the vision in the remaining eye must be carefully observed at regular intervals and safeguarded if possible. Special attention is paid to cases known to have less than 6/6 vision or to be already suffering from Strabismus, High Myopia, Interstitial Keratitis or such other eye disease, lest through neglect of the sound eye all vision be lost, and this, during the period of the child's growth and development—physical and mental. It is lamentable that many of this large number of children should have lost an eye at play through the hurling of missiles; it occurred mostly in boys and in particular where piles of building materials were at hand. In not a few instances it was the "difficult" child who was involved. In this connection I have to thank especially the National Council for the Blind (Ireland), Prevention of Blindness Committee, for their very great help and interest, especially in that group of children who attain school-leaving age each year and whose high Visual error requires watching, and who are precluded from taking up ordinary work because of their inability to compete with the normally sighted in the labour market.

Teeth.—A review of the dental conditions of Dublin City National school children during the past six years gives an average incidence of 70·8% Dental Caries. The findings in course of school medical inspection are as follows:—

YEAR 1938	13,192	} children suffering from decayed teeth
1939	....	13,423
1940	....	14,086
1941	....	17,005
1942	....	10,624
1943	....	10,351
1944	15,314	

These figures are not strictly comparable since a relatively greater proportion of the younger age group children (Entrant) might be expected in any one year, or a “better” group of schools. An over-all percentage Dental Defect fluctuating about 70 is far too high, however, for the children attending our City National Schools. Moreover, it has been observed in some cases that the teeth of very poor children attending the slum schools are better than those found in the children of rather higher social grade. More abundant and widespread facilities for dental treatment under general anaesthesia would be welcomed by parents and children; the latter so often enquire carefully in advance if “gas” is forthcoming, and, if not, firmly decline all offers of treatment until they are driven to it by toothache. Meantime the conditions of their mouths is affecting their present and future health—local and general.

Skin Disease, Uncleanliness.—The increased incidence of Scabies and Impetigo only too frequently associated with verminous condition of the scalp, especially in girls, is one of the most disturbing features of the past four years. Fuel shortage and overcrowding in the homes, scarcity of soap, hot water, steel fine combs and towels—all these are obstacles in the way of maintaining a standard of cleanliness, not to be

minimised, but the fashion for longer hair dictated by screen and picture-paper glamour adds considerably to the difficulties. The apparent indifference, simulated or genuine, of the older girls to their own and their younger sisters' condition is disappointing; also the hopeless attitude adopted by the parents of children sent home from school by teachers reluctant to continue teaching infective children with obviously verminous heads and skin lesions. Long periods of school absence do not always imply that the lesions are particularly extensive or difficult to bring under control or that children and parents are expediting cure of the defect with a view to early resumption of school-going. The possibilities of family, cinema and playground infection must be considered in the case of City scholars. An association between incidence of skin affections and low intelligence quotient has been suggested by workers in other countries. There is, also, a definite relation between Vitamin A deficiency and skin lesions. The opening of the Scabies Treatment Centre has been a great help, but until there are routine compulsory Cleanliness Inspections and Treatment in the National Schools of our City, we shall continue to make slow progress.

The Department of Education Regulations—Rule 95—states as follows :—“ The following practical rules must be strictly observed by the teachers of National Schools

- (4) To promote both by precept and example, cleanliness, neatness and decency. To effect this, the teachers must set an example of cleanliness and neatness in their own persons, and in the state and general appearance of their schools. *They must also satisfy themselves by personal inspection every morning that the children have had their hands and faces washed, their hair combed, and clothes cleaned, and, when necessary, mended.*”

One has missed the teachers' comments on all this !

Tuberculosis.—50 cases of Pulmonary T.B. and 69 cases of Primary T.B. were found in the course of our work. The former children are excluded from school and referred to T.B. Department as are all tuberculous children, suspect, contact, etc. Certain cases of Primary T.B. would be eligible for Open-Air School therapy. The specially arranged curriculum, the good food, physical rest and mental training, all make for restored health. Under such conditions benefit is really assured. T.B. infection in ordinary schools, especially if the class-rooms be overcrowded or ill-ventilated, presents less acute a problem now that there is the $1\frac{1}{2}$ hour interval at mid-day and that the condemnation of dry dusting and sweeping has rendered the practice less common. There is, however, in all schools a close association between children and teachers during several hours of every day, and the possible existence of chronic or sub-acute cases of pulmonary tuberculosis in schools can only be ruled out by routine skin testing and expert radiology.

Extra-pulmonary Tuberculosis (the glandular form was commonest) was present in 76 children. Bovine infection accounts for only 30% of cases of "Surgical" T.B. Children must, therefore, be protected from human sources of infection—contact, droplet, etc. The extent of adult infectivity is reflected in the amount of extra-pulmonary T.B. in the child population. The prevention of this form of the disease involves not only the taking of special measures with children, but also the detection, segregation and control of the pulmonary form of the disease. Schemes for the early finding, isolation and adequate treatment of infective tuberculous persons with complete supervision of contacts would have an indirect effect in reducing Bone, Joint and Gland T.B. among children. The routine skin testing and radiology of school-leavers must not be overlooked. The slow course of surgical T.B., the requisite immobilisation under the best possible open-air conditions of the affected part, the need for early discovery and treatment if permanent

deformity or even a life of crippledom is to be avoided, entails an expenditure of the time, energy, skill and money which one day may be available for Preventive Medicine.

Malnutrition.—Sir W. Langdon Brown has said “We are not becoming worse in these matters, we are becoming more conscious of defects which have always been present.” If one waits, however, until overt signs of malnutrition are to be observed, we should wait too long. Greivous injury would have been done which would leave a permanent scar for the rest of life. Modern science gives us no means as yet of estimating the safety of that margin which separates nutrition from malnutrition, but it is recognised that the time factor is important. Normally price and choice govern the housewife’s shopping, but with a scarcity of certain commodities and a lessening of employment, one suspects that there are possible deficiencies in the diet of school children, more especially of Grade 1 protein, of fats, mineral salts and vitamins—any or all of which constituents tend at all times, unfortunately, to be scantily represented, if not altogether absent, from the tables of the poor. To-day we recognise as indications of frank avitaminoses signs formerly regarded as pro dromal. Angular stomatitis and obliteration of the normal dorsal curve are the commonest signs of deficiency disease observed as yet among the school children. Anaemia, faulty posure, poor muscle tone, irritability, and small gain in weight, are characteristic of the ill-fed, ill-housed child whose recreation too often is the cinema, whose playground is the street and whose hours of sleep are lamentably brief. It should not be possible to find healthy children of 6—8 years weighing 2 stones or those of 13—14 years weighing only 4 stones, any more than it is possible to find little barefoot boys singing for money in the street at night.

Postural Defects.—243 children are now wearing

corrective boots and many more are being treated for orthopaedic defects, especially knock knee and flat foot (approximately 800). Sufficient available calcium and vitamins for mother and child are a safeguard against that form of postural defect which is due to dietary deficiency. The cases of Anterior Poliomyelitis in school children which occurred in the City during 1941 were referred to this Department on discharge from Fever Hospitals, and Disability treatment made available.

Physical Defectives.—A school, day or residential for those children physically handicapped but of good intellect, is required. They may or may not be taken in an ordinary school; the stairs are a difficulty; the surgical appliance is awkward in the desks and even dangerous in a crowded playground; the child is backward at lessons for its age, because it has missed time out of school undergoing treatment; it lacks self-reliance. It is different from the others, school-going is soon abandoned if it has even been started; the child withdraws into itself and may become unhappy, difficult or anti-social. Most of all is there a need for a residential school for those hopelessly crippled children suffering from various congenital abnormalities. They may be eager to learn and to enjoy the company of others of their own age but they are cut off from all of this by reason of their disability. The courage and fortitude of the parents of such children, especially in families where more than one member is affected, is beyond belief. A training centre in an Institution, *other than that for Mental Defectives*, would be welcomed by the mothers of such children especially during the later months of subsequent pregnancies.

Spectacles.—The shortage of spectacles, lenses and frames owing to war conditions has been a serious loss to school children, more especially since the bombing of London and the entry of Japan into the war.

An untreated squint is a grave loss in later life and the problem of the amblyopic eye becomes acute in the event of injury to the sound eye. Our sincere thanks are due to the kindly interest and help in this problem shown by those city ophthalmologists who considered the question, in particular for that appeal for discarded spectacles, the response to which provided many welcome frames.

School Meals.—1/3rd pint milk is provided in 90 schools and the sandwich now containing cheese or jam with butter is greatly enjoyed. In some schools this is distributed in the afternoon before the children leave, in others it is given on their return after the mid-day interval. The practice of providing it before children go home to their dinner does not commend itself.

Mental Deficiency.—Schools—day and residential—are required for children of subnormal intellect, where the dull child can have special attention and the high-grade feeble-minded, teaching and training. The low-grades (feeble-minded, imbecile and idiot) would have care, supervision and control, and, according to their capacity, training. Such children are unsuitable for ordinary school in their own interests and in that of the other pupils. Dr. Clifford's enquiry into the incidence of Mental Deficiency among the Dublin school children reported on the existence of many such children and some even in attendance at ordinary School—see Report of Hospitals Commission.

Delinquency.—The causes, direct and contributory, are numerous—the remedying, however is not simple. In 1943 a total of 3,385 juveniles (Éire) had been involved in crimes as against 1,605 in 1939. The absence of one or both parents (many fathers are serving in the armies or engaged in civilian work elsewhere) is often associated with criminal offences; children remain away from school through a dislike

of lessons or subconscious dread of failure to acquit themselves. Films and friends, the adolescent unemployed, are more thrilling than the boredom and tyranny of ordinary routine. Shortage of funds "for going places and seeing things" is an obstacle soon overcome through the skill and aptitude of the trainers and learners. The lack of judgment and poor sense of values, the apathy, listlessness and disinterestedness shown by such children, suggest the need for physical and mental investigation of juvenile delinquents with a view to their appropriate medical treatment, special training and education in a suitable environment as well as correction. Immense good is being done in the boys' and girls' clubs in the city; once the misfit can be induced to see for himself what is actually being done in these centres he will be surprised to find that his ideas (about conforming to rule and taking part in games and sharing the interests of his classmates as being mere priggishness) are silly, and that club activities are no less exciting than the pseudo-heroism of evasion and law-breaking.

School Premises.—The new schools in Cabra West, Crumlin, Drimnagh and King's Inns' Street as well as Larkhill, Seville Place, St. Mary's Road and Haddington Road are excellent examples of the modern type building suitable for erection where playground, etc., space is limited, as well as in the new housing estates where special sites had been reserved for school buildings. There remains, however, schools in the centre of the city which might well be replaced both in the interests of the teachers and children. The fuel shortage in winter months, together with the extremely scanty clothing and poor footgear of the children in many instances, makes one marvel at their fortitude. In the poorer areas families remained in bed late in the mornings as a means of combating cold weather conditions. The habit of school absence is easily acquired; social training often starts late. One is all the more impressed, therefore, by the vast improvement in a very

short time in the appearance and behaviour of children attending the new schools in the housing estates. Constant training and unremitting attention, kindness and encouragement of the mothers and children in their new homes as well as evening sewing and cookery classes where feasible, effect such a change as to be almost incredible. In one school the older girls at their cookery lesson prepare the dinner for the teaching staff; set the table and arrange the flowers, wash up, discuss next day's menu and acquit themselves with an efficiency only excelled by that "slum" school which won the Gas Company's Cookery Competition 1941—80% of the girls came from one-roomed tenement homes. The beautiful lay-out of the Crumlin schools against a background of the Dublin mountains is rivalled by the new schools in King's Inns' Street where the roof-garden adjoining the cookery kitchen grows those vegetables used in the classes and tended by the children out of school hours.

We thank especially the Reverend Managers of schools and the teachers for their great assistance and courtesy, the Hospital staffs and Almoners, the N.S.P. C.C. and all the other various organisations in the City. The unfailing guidance and help of Dr. Russell, M.O.H. of our County Borough, we wish especially to gratefully acknowledge.

SCHOOLS INSPECTED DURING THE YEAR 1944.

School Street	...	...	...	...	...	Boys
School Street	...	...	...	...	...	Girls
Inchicore Model	...	...	...	...	...	Boys
Inchicore Model	...	...	...	...	...	Girls
St. Columba's, North Strand			...	...	...	Boys
St. Columba's, North Strand			...	...	...	Girls
St. Mathew's, Irishtown	...		...	...	...	Boys
St. Mathew's, Irishtown	...		...	...	...	Girls
Townsend Street	...	...	...	...	...	Girls
St. Joseph's, Cabra		...	...	...	...	Boys
Mount Jerome, Harold's Cross			...	...	...	Boys
Mount Jerome, Harold's Cross			...	...	...	Girls

Sandymount	...	...	...	...	...	Boys
Leeson Park	...	...	...	...	...	Boys
Leeson Park	...	...	...	...	...	Girls
Sherrard Street	...	...	...	...	...	Boys
Sherrard Street	...	...	...	...	...	Girls
St. Peter's, New Bride Street			...	...	...	Boys
St. Peter's, New Bride Street			...	...	...	Girls
St. Mark's, Westland Row	...		...	...	...	Boys
St. Mark's, Westland Row	...		...	...	...	Girls
St. Clare's, Harold's Cross	...		...	...	...	Girls
St. Thomas's, North Gloucester Street				...	...	Boys
St. Thomas's, North Gloucester Street				...	...	Girls
St. Joseph's Drumcondra	...	...		...	...	Boys
St. Mary's, Merrion		...	...	...	...	Boys
St. Mary's, Merrion		...	...	...	...	Girls
St. Luke's, New Street		...	...	...	...	Boys
St. Luke's, New Street		...	...	...	...	Girls
St. Joseph's, Terenure		...	...	...	...	Boys
St. James's, Rialto ...		...	...	...	...	Boys
St. James's, Rialto ...		...	...	...	...	Girls
Hill Street	...	...	...	...	...	Girls
Whitefriar Street	...	...	...	...	...	Boys
St. Kevin's, Blackpitts		...	...	...	...	Boys
Warrenmount	...	...	...	...	...	Girls
North William Street		...	...	...	...	Boys
North William Street		...	...	...	...	Girls
Weaver Square	...	...	...	...	...	Girls
Denmark Street	...	...	...	...	...	Boys
Denmark Street	...	...	...	...	...	Girls
Goldenbridge	...	...	...	...	...	Girls
Central Model, Marlboro' Street			...	...	...	Boys
Drimnagh	...	...	...	...	...	Boys
Drimnagh	...	...	...	...	...	Girls
Stanhope Street	...	...	...	...	...	Girls
Synge Street	...	...	...	...	...	Boys
Leeson Lane	...	...	...	...	...	Girls
Terenure Convent	...	...	...	...	...	Girls
Fairview	...	...	...	...	...	Girls
Haddington Road	...	...	...	...	...	Boys
Haddington Road	...	...	...	...	...	Girls
Cabra West	...	...	...	...	...	Boys
Cabra West	...	...	...	...	...	Girls
Milltown	...	...	...	...	...	Girls
Milltown	...	...	...	...	...	Boys
Lakelands	...	...	...	...	...	Girls

Defects Found, 1944, at S.M.I.

Total Number Inspected ... 20,078

	R.T. *	R.O. **		R.T. *	R.O. **
Speech ...	385	782	HEART AND CIRCULATION		
Mental Condition ...	51	357	Organic Heart Disease ...	110	136
Hearing ...	395	95	Functional Heart Disease ...	50	139
Vision ...	5,870	7,104	Anaemia ...	618	3,872
Clothing ...	2,747	6,274			
Footgear ...	2,595	4,094			
Hair and Scalp ...	1,848	5,398			
Body ...	1,879	5,432	LUNGS		
Vaccination Nil ...	12,800		Bronchitis ...	23	289
Inoculation Nil ...	4,040		Other ...	18	78
Nutrition ...	763	1,645			
Teeth ...	15,314	656			
Glands ...	167	834	T.B.		
EAR :—			Def. Pulmonary	39	4
Defective Hearing	395	95	Susp. Pulmonary	833	1,395
Otititis Media ...	80	11	Def. Non-Pulmon-		
Other Diseases ...	75	45	ary ...	24	4
			Susp. Non-Pul-		
			monary ...	24	4
NOSE AND THROAT					
Enlarged Tonsils	3,081	3,048	NERVOUS SYSTEM ...		
Adenoids ...	244	310	Epilepsy ...	5	7
Enlarged Tonsils			Chorea ...	2	5
and Adenoids	1,162	152	Other ...	10	86
Other Defects ...	85	260			
			DEFORMITIES ...		
EYE			Rach. ...	117	463
Trachoma ...	15	17	Spinal Curvature	4	1
Blepharitis ...	936	245	Other ...	247	580
Conjunctivitis ...	167	94			
Keratitis ...	3	1	POSTURAL DEFECTS ...		
Corneal Opacity	9	3	Round Shoulders	66	2,033
Defective Vision	5,870	7,104	Scoliosis ...	31	61
Squint ...	815	90	Flat Foot ...	67	353
Other Diseases ...	210	65			
			Infectious Diseases ...	6	2
SKIN			Mentally Defective ...	51	357
Ringworm Head	43	—	Rheumatism ...	60	61
Ringworm Body	36	2	Rickets ...	83	951
Scabies ...	563	46	Hernia ...	7	39
Impetigo ...	457	74	Other Diseases ...	111	999
Other Diseases ...	638	527	Parent Present ...	498	—

* R.T.—Requiring Treatment.

**R.O.—Requiring Observation.

DEFECTS TREATED—SCHOOL CHILDREN 1944.

Teeth	Dental Hospital	4,676
	Dental Clinics, Lord Edward Street ...	13,450

City Hospitals—General, Special and Childrens.

Skin	EXTERN			
	Ringworm Scalp	65		
	*Scabies (Secondary infection etc.) ...	37		
	Impetigo	365		
	Other Skin Conditions	145		
	Light Theraphy	1		
	Visits to Out Patient's Department ...	1,979		
	INTERN :			
	Impetigo	1		
Eye	EXTERN :			
	Defective Vision (including Squint) ...	2,543		
	Blepharitis	355		
	Conjunctivitis	223		
	Phlyctenular Conjunctivitis	195		
	Phlyctenular Keratitis	15		
	Phlyctenular Ophthalmia	8		
	Trachoma	75		
	Interstitial Keratitis	3		
	Various Defects (not specified) ...	132		
	Visits to Out Patients Department ...	4,048		
	INTERN :			
	Squint	96		
	Lid Abscess	3		
	Chalazion	1		
	Opacity	1		
	Phlyctenular Conjunctivitis	11		
	Phlyctenular Keratitis	2		
	Phlyctenular Ophthalmia	2		
	Orbital Abscess	1		
	Corneal Ulcer	5		
	Panophthalmitis	1		
	Herpes Ophthalmicus	1		
	Trachoma	2		
	Iritis	1		
	Deformed Socket	2		
	Inflamed Eyelid	1		

Ear, Nose and Throat

EXTERN :

Defective Hearing	...	...	...	31
Otitis	...	...	...	131
Discharging Ears	...	...	...	108
Cerumen	...	...	...	26
Pain in ear	...	...	...	71
" Mastoid "	...	...	...	35
" Antrum "	...	...	...	80
Furunculosis	...	...	...	6
Sinusitis	...	...	...	7
Nasal Discharge	...	...	...	26
Epistaxis	...	...	...	11
Polypi	...	...	...	4
Rhinitis	...	...	...	8
Miscellaneous Defects	...	...	...	2,751

Ear, Nose and Throat

INTERN :

Otitis Media	.....	...	20
Aural Discharge	...	...	6
" Mastoid "	...	...	31
Abscess	...	...	4
" Antrum "	...	...	15
Nasal Discharge	...	...	1
Miscellaneous Defects	...	...	6
Tonsils and Adenoids Operations	...	...	1,825

EXTERN DEPT. ORTHOPÆDIC HOSPITAL

Osteomyelitis	...	...	...	7
Hallux Valgus	...	...	...	10
Flat Foot	...	...	...	172
Genu Varum	...	...	...	4
Genu Valgum	...	...	...	22
Round Shoulders	...	...	...	11
Torticollis	...	...	...	8
Spastic Equinus	...	...	...	1
Perthes Disease	...	...	...	7
Talipes	...	...	...	45
Congenital dislocation of hip	...	...	...	6
Rickets	...	...	...	17
Post-Ant. Poliomyelitis	...	...	...	23
Scoliosis	...	...	...	12
Paralysis	...	...	...	14

Spastic Paralysis	...	...	...	5
Birth Palsy	...	...	...	1
Spastic Diplegia	...	...	...	1
Deformed feet	...	...	...	1
Kyphosis	...	...	...	3
Pigeon Chest	...	...	...	4
Claw Foot	...	...	...	3
Drop Foot	...	...	...	5
Spina Bifida	...	...	...	1
Miscellaneous Defects	...	...	...	16

Gymnasium Treatments 4,218

Orthopaedic Appliances, boots, etc.
supplied and repaired 835

INTERN :

Genu Varum	...	...	...	9
Genu Valgum	...	...	...	1
Hallux Valgus	...	...	...	2
Talipes	...	...	...	10
Claw Foot	...	...	...	3
Torticollis	...	...	...	6
Infantile Paralysis	...	...	...	3
Congenital Dislocation of Hip	...	...	...	1
Webbed Fingers	...	...	...	1
Rickets	...	...	...	21
Deformed Foot	...	...	...	4
Deformed Ankle	...	...	...	1
Deformed Finger	...	...	...	1
Pes Planus	...	...	...	6
Coxitis	...	...	...	1
Coxa Vara	...	...	...	1
Spastic Paralysis	...	...	...	3
Perthes Disease	...	...	...	3
Paralysis	...	...	...	4
Old Fracture, Leg	...	...	...	4
Scoliosis	...	...	...	1
Birth Palsy	...	...	...	1
Brittle Bones	...	...	...	1
Multiple Sinuses	...	...	...	1

TREATMENT OF ABNORMAL CHILDREN, 1944.

	Admitted during 1944
PHYSICAL DEFECTIVES :	
RESIDENTIAL SCHOOLS :	
St. Mary's Blind School, Merrion ...	None
St. Joseph's Blind School, Drumcondra ...	6 boys
St. Joseph's School for Deaf Mutes, Cabra ...	8 boys
St. Mary's School for Deaf Mutes, Cabra ...	3 girls
HOSPITAL SCHOOLS :	
Linden ...	111
St. Mary's, Cappagh ...	26
St. Joseph's, Coole ...	None
Orthopaedic Hospital, Clontarf ...	65
Auxiliary Orthopaedic Hospital, Baldoyle ...	15
CONVALESCENT HOME :	
Cheeverstown ...	610
MENTAL DEFECTIVES :	
Admission arranged by Commissioners administering the affairs of the Dublin Board of Assistance	
St. Vincent's Cabra ...	4 boys 13 girls
Obelisk Park, Blackrock ...	9 boys
EPILEPTICS :	
Blessed Oliver Plunket Colony, Mulhuddert ...	7 boys
TUBERCULOSIS :	
Number of children referred for examination ...	781
Number of children who attended for examination at Municipal T.B. Department. ...	456
Number found to be suffering from Pulmonary T.B. and excluded from school ...	50
Number found to be suffering from Primary T.B. ...	69
Number found to be suffering from Non-Pulmonary Tuberculosis ...	76
Number found to be suffering from Phlyctenular Disease ...	172
Number of contacts referred for examination ...	231

TUBERCULOSIS INSTITUTIONS

TUBERCULOSIS DISPENSARIES (Charles St., West, and Meath Hospital.)

Annual Report for Year ended 31st December, 1944.

BY

DR. J. T. DANIEL,
Chief Tuberculosis Officer.

During the year under review 3,392 Primary attendances were recorded at the Clinics of which 1,302 or 38.38% were found to be suffering from Tuberculosis.

Table A shows the number of new cases examined at the Clinics each month during the year.

TABLE A.

Month	Charles Street Clinic	Meath Hospital Clinic	Total
January ...	186	60	246
February ...	199	78	277
March ...	222	93	315
April ...	237	98	335
May ...	250	103	353
June ...	204	71	275
July ...	240	106	346
August ...	196	62	258
September ...	168	70	238
October ...	201	106	307
November ...	183	91	274
December ...	110	58	168
TOTAL ...	2,396	996	3,392

Table B shows the number of old cases at the Clinics and under observation at the beginning of each month.

TABLE B.

Month	Charles Street Clinic	Meath Hospital Clinic	Total
January ...	2,512	933	3,445
February ...	2,232	902	3,134
March ...	2,454	942	3,396
April ...	2,108	835	2,943
May ...	2,207	872	3,079
June ...	2,497	794	3,291
July ...	2,077	846	2,923
August ...	2,016	900	2,916
September ...	1,923	909	2,832
October ...	2,361	1,037	3,398
November ...	2,458	1,096	3,554
December ...	1,799	666	2,465
TOTAL ...	26,644	10,732	37,376

Table C shows the number of domiciliary visits paid by Nurses during the year.

TABLE C.

Month	Charles Street Clinic	Meath Hospital Clinic	Total
January ...	1,142	643	1,785
February ...	1,359	610	1,969
March ...	1,454	866	2,320
April ...	1,297	743	2,040
May ...	1,366	610	1,976
June ...	1,348	515	1,863
July ...	1,387	625	2,012
August ...	1,324	444	1,768
September ...	1,294	580	1,874
October ...	1,258	665	1,923
November ...	1,333	724	2,057
December ...	966	720	1,686
TOTAL ...	15,528	7,745	23,273

During the year 1,096 Domiciliary Visits were paid by the Medical Officers and 1,343 Contacts were examined.

Number of Dwellings notified for disinfection 756

Number of dwellings notified as insanitary 96

The School Medical Officers during the year submitted patients for Medical examination and a report was forwarded in each case, 375 cases from Charles Street, West, and 75 from Meath Hospital Dispensary.

Number of A.P.T. Refills administered during
the year 1,916

Number of exposures of artificial sun light
treatment administered during the year 578

(Lamp broken in September, October, November
and December).

Specimen of Sputa submitted to Laboratory,
Kildare Street :—

Charles Street1,896
Meath Hospital 556

Dental Treatment :—

Attendances 296
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Reports received from Nurses on home con-
ditions of Patients :—

Charles Street1,698
Meath Hospital	....	....	....1,549

Number of Contacts examined :—

Charles Street	....	....	.... 927
Meath Hospital	....	....	.... 416

OCCUPATIONS OF NEW PATIENTS—CHARLES STREET, W.
DISPENSARY.

Apprentices	....	3	Laundry Workers	1
Attendants	....	1	Machinists	.... 10
Blacksmiths	....	1	Mechanics	.... 5
Bakers	....	5	Messengers	.... 12
Boiler Maker	....	1	Milliner	.... 1
Boilermen	....	1	Musician	.... 2
Caretakers	....	3	Metal Worker	.... 1
Carpenters	....	1	No occupations	.... 70
Carters	....	6	News Vendor	.... 1
Checkers	....	1	Nurses	.... 3
Cabinet Makers	....	1	Office Assistants	2
Children (Male)	....	146	Packers	.... 5
Children (Female)	....	167	Painters	.... 8
Civic Guards	....	4	Postmen	.... 1
Civil Servants	....	6	Porters	.... 8
Clerks	....	20	Plasterers	.... 2
Cooks	....	1	Printers	.... 6
Cleaners	....	3	Railway Employees	4
Coachmakers	....	1	Shopkeeper	.... 1
Dairymen	....	3	Salesmen	.... 2
Drapers' Assistants	....	3	School Teachers	.... 2
Dealers	....	3	Shop Assistants	.... 12
Drovers	....	1	Students	.... 7
Domestics	....	18	Storemen	.... 1
Dressmakers	....	5	Seamen	.... 1
Dockers	....	1	Sewing Maids	.... 3
Drivers	....	2	Seamstresses	.... 2
Ex B. Army	....	16	Tailors	.... 4
Ex. Nat. Army	....	23	Tailoresses	.... 11
Factory Hands	....	45	Travellers	.... 2
Fitters	....	6	Typists	.... 2
French Polisher	....	1	Tramway Emp's	.... 5
Grocers' Assistants	....	6	Waiters	.... 2
Housewives	....	128	Waitresses	.... 3
Housekeepers	....	8	Warehousemen	.... 2
Hair Dressers	....	1	Warders	.... 3
Labourers	....	78	Other Occupations	51

OCCUPATIONS OF NEW PATIENTS—MEATH HOSPITAL DISPENSARY.

Apprentices	....	2	Housewives	....	38
Attendants	....	1	Housekeepers	....	8
Bakers	....	4	Labourers	....	27
Bricklayers	....	3	Laundry Workers		2
Cashier	....	1	Mechanics	....	1
Carpenters	....	3	Messenger	....	1
Cabinet Maker	....	1	Machinists	....	5
Children (Male)	....	43	No Occupations	....	25
Children (Female)		32	Nurses	....	6
Civic Guards	....	1	Painters	....	3
Civil Servants	....	1	Porters	....	1
Clerks	....	14	Plasterers	....	2
Cooks	....	1	Printers	....	1
Cleaners	....	1	Plumbers	....	1
Chemists	....	2	Pawn Broker	....	1
Coker	....	1	Railway Employee		1
Drivers	....	7	Salesmen	....	2
Drapers' Assistants		1	Shoemakers	....	2
Domestics	....	17	School Teacher	....	1
Dressmaker	....	1	Shop Assistants	....	4
Electrician	....	1	Students	....	1
Ex. B. Army	....	6	Seamen	....	2
Ex. Nat. Army	....	8	Tailoresses	....	1
Factory Hands	....	12	Typists	....	5
Fitters	....	1	Tramway Employee		1
Firemen	....	2	Waiters	....	2
Grocers' Assistants		4	Waitresses	....	3
Gardener	....	1	Others	....	7

During the year 1944 additions to the Tuberculosis Clinic included one medical officer and one typist-clerk.

A survey of Home Conditions of patients suffering from Pulmonary Tuberculosis was carried out and from September a course of clinical instructions was conducted at Charles Street, Rialto Hospital and

Crooksling Sanatorium for Medical Officers of Health and Tuberculosis Officers. They attended in batches of six, each batch doing a two weeks course. Classes continued until end of March, 1945.

CROOKSLING SANATORIUM.

Annual Report for the Year ended December 31st, 1944.

BY

A. J. WALSH, M.B., B.Ch., D.P.H.

Resident Medical Superintendent.

This Report covers the year 1944, during which the work of the Sanatorium was carried on as in previous years.

The most notable feature was the commencement towards the end of 1944 of the construction of additional accommodation for female patients and for the extra Staff required. Twenty-eight beds will be provided in the new extension and when it is completed there will be accommodation for 114 female patients instead of 86 as at present. This will bring the total accommodation in the Sanatorium from 219 to 247. The extra beds for women are badly needed. Under existing conditions there have been long waiting lists especially for beds in the Female Section and in the peak period it has been quite common for female patients to be waiting for as long as three months before they could be admitted.

In 1944 at one period there was a curious falling off in the number of patients under treatment. Not only were there vacancies in both the Male and Female Sections but there were no patients awaiting admission. The most feasible explanation of this unusual position seems to be emigration. Certainly the economic position affected the length of time which patients could remain in the Sanatorium. The high cost of

living made it imperative for them to get back to work as soon as possible, and many left before they were fit to leave simply because they could not afford to remain out of work any longer. This is a sad reflection on the social conditions in this country and calls for remedy in the form of State Aid which would remove the burden of financial worries and enable patients to remain in the Sanatorium until such time as they might be fit to return to work.

In 1943 the medical equipment was extended in the operating theatre so that minor thoracic surgery is now carried out here instead of the cases being sent to the City hospitals. So far as major thoracic surgery is concerned that handicap still remains.

In 1943 also a new X-ray plant was installed. The old plant was quite out-of-date and had given good service. This new plant, having modern facilities, enables accurate exposures to be made with consequent improved definition in the films.

Admissions and Discharges.

555 patients were treated during 1944. The following are the details of admissions, discharges, etc., during the year :—

1944.

Number of Patients remaining Dec. 31st., 1943	Admitted	Discharged Home	Transferred	Died	Number of Patients remaining Dec. 31st., 1944
186	369	320	32	11	192

During the Summer months it is usual to find that the Sanatorium accommodation is fully occupied and that there is a long waiting list. In 1944 however there was a considerable number of vacancies in the Summer period and no waiting list. It is hard to

explain this abnormal situation. Judging, however, from the number of patients admitted since then who give a history of having been at work in England it is possible that emigration was the responsible factor.

Age Periods of Patients Admitted. 1944.

	15-24	25-34	35-44	45-54	55- 64	65—	Total
Males	... 90	60	40	26	10	—	226
Females	... 74	47	17	4	1	—	143
Total	... 164	107	57	30	11	—	369

The youngest age-group continues to contain the greatest number of patients. Nearly half of the total number of patients admitted are under 25 years of age. In 1943 48·70% of the admissions belonged to this group and in 1944 44·44%. In 1943 76·42% were under 35 and in 1944 73·44%. There is thus no obvious change in the general position with regard to Dublin City and pulmonary tuberculosis continues to find most of its victims among adolescents and young adults.

Classification of Patients Admitted. 1944.

	Males.	Females.	Total.
T.B. Minus ...	91	72	163
T.B. Plus 1 ...	9	9	18
T.B. Plus 2 ...	119	58	177
T.B. Plus 3 ...	7	4	11
TOTAL ...	226	143	369

Classification of Patients Discharged. 1944.

	Quiescent	Improved	No Material Improve- ment	Worse	Died	Total
T.B. Minus 1	58	77	34	—	—	169
T.B. Plus 1	5	2	—	—	—	7
T.B. Plus 2	21	64	60	11	2	158
T.B. Plus 3	—	—	2	18	9	29
TOTAL	84	143	96	29	11	363

The number of patients discharged “quiescent” is small in comparison with the total number of patients discharged, but in the past few years the figure has been gradually increasing, and that for 1944 represents the highest figure obtained so far. In 1939 only 44 were discharged “quiescent.”

Family History.

555 patients were treated in 1944. The ratio between “negative” and “positive” family histories remained much the same as in previous years, viz.: 2:1. In other words approximately two-thirds of the patients treated failed to show any contact between themselves and another tuberculous person as the origin of their disease.

Sputum in Relation to Admission and Discharge.

	1944	
“Positive” on Admission ...	122	— 147
“Positive” on Discharge ...		
“Negative” on Admission ...	25	— 216
“Positive” on Discharge ...		
“Negative” on Admission ...	131	— 216
“Negative” on Discharge ...		
“Positive” on Admission ...	28	— 216
“Negative” on Discharge ...		
“No Sputum” on Admission	57	
“No Sputum” on Discharge		

Eleven deaths occurred in each of the two years 1943 and 1944. All had "positive" sputum. On deducting these figures and those of "transfers" it will be seen that in 1943 55 patients left the Sanatorium who had "positive" sputum and who were in an infectious state: in 1944 the number was 104. Each of these patients was a potential disseminator of pulmonary tuberculosis and as such was a danger to the health of the community. Unfortunately none of these patients could be detained in the Sanatorium as there is no legislation to make such detention compulsory. However it is realised that any such legislation would be of little practical value until such time as there are sufficient beds available to accommodate all cases.

Length of Stay in the Sanatorium.

	1944.
Over 12 months	58
9—12 ,,	26
6— 9 ,,	46
3— 6 ,,	117
2— 3 ,,	47
1— 2 ,,	34
1 week—1 month	26
Under 1 week	9
	<hr/>
	363
	<hr/>

Gain and Loss of Weight.

Excluding patients who remained on absolute bed-rest during their stay and also patients who stayed for less than 1 month there were 336 patients for consideration discharged in 1943 and 295 in 1944. The following are the details:—

	1944.
Gaining weight	247
Losing weight	31
Weight unchanged	17
Greatest gain	32 lbs.
Greatest loss	27 lbs.

Mere gain in weight is not in itself a criterion of improvement, but the rapidity of the gain in a great number of cases was a fair indication of the extent to which under-nourishment could be regarded as the pre-disposing cause of the disease.

Complications.

1944.

Tuberculous	Laryngitis	....	....	3
„	Pleurisy	....	....	9
„	Empyema	....	....	3
„	Peritonitis	....	....	2
„	Enteritis	....	....	2
„	Spine	....	....	1
„	Sacro-iliac Joint	....	....	2
„	Hip Joint	....	....	1
„	Wrist Joint	....	....	—
„	Dactylitis	....	....	—
„	Epididymo-orchitis	....	....	2
„	Sternal Abscess	....	....	1
„	Adenitis	....	....	2
	Phlycten	....	....	—
	Spontaneous Pneumothorax			—

Non-tuberculous conditions complicating the pulmonary lesion were as follows :—

1944.

Peptic Ulcer	....	....	1
Chronic Bronchitis	....	....	—
Diabetes Mellitus	....	....	1
Subacute Appendicitis	....	....	—
Osteo-arthritis	....	....	—
Arterio-sclerosis	....	....	1
Chronic Otitis Media	....	....	—
Schizophrenia	....	....	1
Ischio-rectal Abscess	....	....	2

Treatment.

General Treatment.

(a) GRADUATED EXERCISE.

Exercise of graded severity ranging from "bed rest" at one extreme to heavy gardening at the other formed the basic routine general treatment, the exercise being balanced by periods of rest.

(b) OCCUPATIONAL THERAPY.

Occupational therapy was continued and was extended to the female patients. The latter became very keen on making dolls and doll's furniture, calendars, felt articles, and knitting. The male patients, while interested in wood-work, also made table-mats and shell necklaces. An Exhibition and Sale of Work was held at Christmas.

Enthusiasm for occupational therapy shows considerable fluctuation, varying with the coming and going of patients. There is at the moment little co-ordination of effort and the lack of a trained instructor is a definite handicap to the establishment of the work on a sound basis. It is expected however that this defect will be remedied in the coming year.

Special Treatment.

The usual forms of special treatment were applied in suitable cases. Artificial Pneumothorax still remains the treatment of choice and other forms of treatment are adopted only when it fails to achieve a satisfactory collapse of the lung. 153 cases were treated in 1943 and the same number in 1944. Adhesions interfered in a number of cases and thoracoscopy—13 in 1943 and 31 in 1944—was preformed with the result that the lung was either freed completely or else the collapse was improved sufficiently to justify continuance of the pneumothorax. Three cases on the Monaldi treatment

showed apparent closure of the cavity in one and considerable reduction in the size of the cavity in the other two. All showed improvement in their general condition. A fourth case which had extensive disease in the chest showed some reduction in the size of the cavity but treatment was terminated owing to the progressive nature of the disease elsewhere in the chest. A fifth case also showing reduction in the size of the cavity was under treatment at the close of 1944. From the small number of cases observed it would appear that the main value of the treatment lies in the fact that it offers a possible means of dealing with a cavity in those cases who are not fit to undergo thoracoplasty.

In the early part of 1944 pneumoperitoneum was introduced as a means of treatment. Thirty-five cases had been treated by the close of the year with varying degrees of success. This form of treatment appears to be of particular use in supplementing phrenic paralysis and we found that the rise of the paralysed hemi-diaphragm was often considerably augmented after the introduction of air into the peritoneal cavity. Moreover in some cases the period of temporary paralysis after phrenic crush appeared to be extended—in a few there was only very slight return of function even twelve months after the crush. Pneumoperitoneum appears to be a form of treatment that could easily suffer from over-enthusiasm on the part of the doctor and unless there is strict adherence to the indications in the selection of cases disappointing results are bound to follow.

Gold salts in the form of oleo-sanocrysin were given intra-muscularly to 35 patients who showed varying degrees of improvement. The selection of cases was restricted to those whose lesions showed a tendency towards fibrosis and who had a normal temperature and pulse rate. There were few reactions and none of a lasting or serious nature. There appears to be a

tendency to discredit “ gold ” because of the danger of reactions. I do not think the danger is so great if adequate precautions are taken. The doses should be increased only very slowly : the urine should be examined before giving any injection : the interval between each dose should never be less than one week : in the event of any slight albuminuria, stomatitis, skin rash, enteritis or joint pains the treatment should be discontinued at once until the reaction has cleared completely, and recommenced at a dose smaller than that causing the reaction. The maximum amount of “ gold ” which we give in any one course is 2.5 gms. and a second course is not started until six weeks after the termination of the preceding one. Following this routine we have so far escaped all serious reactions. The Therapeutic value of “ gold ” will always be disputed and the duration of the treatment makes it very difficult to refute the argument that the time spent under Sanatorium conditions is responsible for the improvement, not the “ gold.” Under these circumstances the selection of gold salts in treatment will be influenced by the doctor’s personal view-point. My own feeling in the matter—and I cannot support it by any concrete proofs—is that gold salts are of some value in selected cases.

The following are details of treatment carried out :—

ARTIFICIAL PNEUMOTHORAX. 1944.

Number of cases treated	153
Inductions	88
Refills	2,864
Aspirations	51
Attempted Inductions	49

PNEUMOPERITONEUM. 1944.

Number of cases treated	35
Inductions	34
Refills	577

GOLD.	1944.
-------	-------

Number of cases treated	35
Number of new cases	20
Number of Injections	463

SURGERY.	1944.
----------	-------

Thoracoplasty	5
Phrenic Paralysis	48
Thoracoscopy	31

MONALDI.	1944.
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Number of cases treated	2
Number of new cases	—

X-Ray Department.

As has been mentioned elsewhere in this Report a new X-ray plant was installed in 1943. Its predecessor had been in operation for a considerable number of years and it was quite out-of-date. The work carried out in this department was as follows :—

	1944.
Film Exposures	1,023
Screen Examinations	1,695

Laboratory.	1944.
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Number of Sputum Examinations	1,244
Number “ positive ”	644
Number “ negative ”	600

Recreation.

I wish to record our indebtedness and thanks to the Hospital Library Council for maintaining the supply of books for the patients. This is a facility which the patients fully appreciate.

Cinema performances for the patients were provided

every fortnight and one or two successful concerts were organised by the patients themselves. Whist-drives were held at frequent intervals and there were the usual home-and-away billiard matches with the patients of Peamount Sanatorium.

Patients' Retreat.

The annual Week-end Retreat was held each year. The Spiritual Director in 1944 was the Rev. Fr. Butterley, S.M.

Staff Changes.

In 1943 Dr. C. K. MacArdle, Assistant Medical Officer, left to take up duty as Assistant Tuberculosis Officer in the City. His promotion was well merited and I shall always have pleasant recollections of his sojourn here. He left in July and took with him the good wishes of the Staff and patients.

The House Physicians in 1943 were Dr. C. Gallen (January—June) and Dr. Hugh Connolly (July—December). With the departure of Dr. MacArdle, Dr. Gallen commenced duty in a temporary capacity as Assistant Medical Officer in July, 1943. In 1944 the House Physicians were Dr. E. C. Hughes (January—June) and Dr. G. V. Reddin (July—December).

ANNUAL REPORT OF RIALTO HOSPITAL

for the Year Ending December 31st., 1944.

BY

JOHN DUFFY, M.D., F.R.C.P.I., D.PH., T.DD.,
Medical Superintendent.

On April 1st, 1943, Rialto Hospital containing 177 beds (103 male, 74 female) for the treatment of adult pulmonary and non-pulmonary tuberculosis was transferred from the Dublin Board of Assistance to Dublin Corporation with a staff of six nurses and one nurse-in-charge. I was appointed Medical Superintendent and was allotted one House Physician, one Class A clerk and one typist as additional staff to begin with.

It was found that there were only a few patients under specific treatment, and for this, amongst other reasons, there was a well-known reluctance on the part of city patients to avail of its bed accommodation. It at once became evident that in dealing with the medical aspect of such a hospital, primarily intended for the reception of advanced cases of tuberculosis, two basic principles should govern its administration. One is that an increasing number of cases of tuberculosis classified as advanced are nowadays amenable to some form of modern therapy by which life may be prolonged or working capacity maintained for months or years. The second is that it is difficult to induce patients to enter an institution unless some hope of cure, or treatment which might potentially lead to cure, is held out as an inducement to each and every patient. Hence it follows that each case should be critically assessed with a view, firstly to modern curative treatment, and, failing this, to such other measures as will lead the patient to believe (as is in fact the case) that the very best is being done for him.

Only in this way can a tuberculosis hospital avoid acquiring the stigma of a hospice for the dying, and continue to attract to its full capacity those advanced cases which constitute in the population the reservoir of tuberculosis from which all new cases primarily arise. These are the objectives which have been constantly borne in mind, and towards which all the medical work of the hospital has been orientated from the first day of its transfer.

The difficulties involved in attempting to transform what had been a Poor Law hospital with its meagre equipment and totally inadequate staff into a modern tuberculosis hospital have been not inconsiderable. Side by side with the introduction of systematic assessment of patients and modern treatment there had to proceed a complete overhaul of both the medical and administrative sides of the hospital. With the addition of increased nursing and medical staffs during the year considerable progress has been made, but much yet remains to be done. Complete working efficiency can scarcely be hoped for until the many defects in service, equipment and buildings are remedied by the far-reaching plans for the full development of the hospital which have lately been put in hand and are now rapidly proceeding.

Surgical Service.

As regards the purely medical work of the hospital, it was quite early realised that, as the vast majority of the patients belong to the moderately and far-advanced category whose disease is invariably of long standing, the simpler collapse measure of artificial pneumothorax would be largely unattainable and ineffective. Consequently reliance for collapse procedures would have to depend in greater measure on surgical intervention. To avoid the delays inherent in having cases admitted to the voluntary hospitals for these operations collaboration with Mr. T. C. J.

O'Connell, M.D., M.Ch., visiting surgeon to the nearby St. Kevin's Hospital, was sought, and approval of this hospital for the surgical treatment of pulmonary tuberculosis was granted by the Department of Local Government and Public Health. This collaboration has been a happy and fruitful one. Whilst pressure on beds in St. Kevin's is heavy and there are delays due to the volume of routine work to be done, the surgical assistance of Mr. O'Connell has been of the greatest advantage to us in our treatment of tuberculosis, and affording, as it does, a complete thoracic surgical service at our doorstep, it is to be hoped it will continue until such times as an operating theatre and full surgical facilities are available in Rialto. To Mr. O'Connell for his painstaking work, kindly co-operation and generous help our best thanks are due.

Early in the year artificial pneumoperitoneum as a collapse measure was introduced, and has been found of value in conjunction with phrenic nerve interruption in many cases for whom other methods are unsuitable. Our preliminary results were reported to the Royal Academy of Medicine, and were subsequently published in the "Irish Journal of Medical Science" (September, 1944).

Laboratory Service.

Sputum examination (including culture on Löwenstein-Jensen medium), and other bacteriological and biochemical investigations are carried out by the City Bacteriologist, Dr. J. H. Stritch, whose help and advice, always so freely given, I deeply appreciate.

X-Ray Service.

Pending the provision of our own accommodation and plant all X-ray work is carried out by contract in St. Kevin's Hospital. Films of a uniformly high standard are taken and interpreted by the visiting

radiologist, Dr. R. A. Reynolds to whom I am indebted for such help. Screening is carried out on one afternoon each week by myself and medical staff. This imposes a hardship on the patients, as the X-ray department is some considerable distance from Rialto.

Thus provided—albeit in a somewhat makeshift way—with the triad of surgical, laboratory and X-ray services, regarded as the indispensable foundation of all first-rate tuberculosis work, Rialto Hospital can claim the status of a modern sanatorium capable of dealing with all phases of treatment.

Rehabilitation.

During the year a beginning was made in rehabilitation by the introduction of diversional therapy amongst the patients. In this I was fortunate to secure the voluntary help for one half-day each week of Miss Evelyn M. Willis, Art teacher in Rathmines Technical School, who organised and taught the patients such arts and crafts as leather work, painting on glass, calendar making, glove making, doll and soft-toy making, etc. To Miss Willis for her generous and painstaking work the best thanks of myself and the patients are offered.

As in previous years the patients' library was supervised and generously stocked by the Hospital Library Council. To Miss K. Murphy, librarian, for her work and for acceding to our many requests for more and more reading matter we are very grateful.

Post-Graduate Courses in Tuberculosis.

At the request of the Department of Local Government and Public Health post-graduate courses in tuberculosis were given in Dublin, beginning in November, 1944, by the staffs of the Tuberculosis Section of the Dublin Corporation Public Health Department for the benefit of medical officers of the Public Health

services of Eire. The courses, each lasting a fortnight, were organised by Dr. M. Crowe, Deputy M.O.H. and were attended by groups of six doctors at a time. Classes and demonstrations in modern methods of investigation and treatment of tuberculosis were given in Rialto Hospital on four half-days per week. Two such courses were completed in 1944; they will continue into 1945, and appear to be much appreciated.

Research.

During the year part of the work of an investigation into the question of calcium deficiency in tuberculosis was carried out in Rialto Hospital by Dr. Maurice Murnaghan, University College, Dublin, under the direction of Prof. T. W. T. Dillon with the aid of a grant made by the Irish Red Cross Society.

Staff.

Our first House Physician, Dr. M. P. Flynn, left at the end of 1943 to take up a research post under the Medical Research Council in University College, Dublin. He was replaced by Dr. J. J. Butler who completed his year's term of office. In November, 1944, Dr. M. Hanrahan was appointed as second House Physician. For their loyal co-operation and attention to their patients I am very thankful.

To Miss E. O'Flaherty, nurse-in-charge, and to the nursing staff for their co-operation and work in the hospital I pay tribute also. As yet the posts of Matron and Assistant Matron have not been filled.

It would be a grave injustice were I to end this report without a word of deep appreciation of the truly stupendous amount of work and energy given to the task of constructive administration by Mr. Desmond Butler, clerk to the hospital. I am quite convinced that no more efficient and hard-working official could have been assigned to me for this work.

1. Age-Periods.

		Male	Female	Total
15-25	....	43	57	100
25-35	....	50	48	98
35-45	....	42	21	63
45-55	....	36	15	51
55-65	....	23	12	35
65-7	....	—	—	—
		194	153	347

2.

Total number of patients treated in 1944	....	576
Total number of patients admitted in 1944		347
Total number of patients discharged in 1944		290
Total number of patients died in 1944	....	121
Total number of patients in hospital on 31st December, 1944	....	165
Percentage Bed Occupancy in 1944 (average daily)	....	94%

3. Classification.**(a) On admission.**

T.B. Minus	....	31
T.B. +1	....	15
T.B. +2	....	68
T.B. +3	....	213
No T.B.	....	20

(b) On discharge.

Quiescent	....	....	112
Improved	....	....	106
No change	....	....	40
Worse	....	....	32

Examinations.

Sputum	....	....	358
X-Ray	....	....	274
Screening	....	....	269

Treatment.

Gold	....	....	....	....	66
Phrenic crush	....	....	....	....	35
Thoracoplasty	....	....	....	....	6

Refills.

Artificial pneumothorax	....	....	543
Artificial pneumoperitoneum	....	....	351
Artificial pneumothorax	....	....	34
Artificial pneumoperitoneum	....	....	29

ANNUAL REPORT OF THE TUBERCULOSIS**HOSPITAL, PIGEON HOUSE ROAD**

for the Year ending December 31st, 1944.

BY

JOHN DUFFY, M.D., F.R.C.P.I., D.P.H., T.D.D.,
Medical Superintendent.

The above hospital which contains 58 beds in summer—April to September—(38 male, 20 female), and 50 (30 male, 20 female) in winter caters since its foundation over thirty years ago for the same type of case as Rialto Hospital, namely, moderately and far-advanced pulmonary and non-pulmonary tuberculosis. It is staffed by seven members of the order of the Sisters of Charity of St. Vincent de Paul (of whom the Sister Superior is Matron, and four are nurses), and a resident chaplain. The Medical Superintendent of Rialto Hospital acts as medical officer, and visits the hospital on two days a week or oftener if necessary and when requested by the nursing staff, as there is no resident medical officer.

Treatment is carried out on the same lines as in Rialto Hospital. All cases fit enough are X-rayed and assessed at three-monthly intervals, and every patient found suitable is offered appropriate modern therapy. Patients are sent by ambulance to St. Kevin's Hospital for X-ray and screening which are done in the same way as for Rialto patients.

Towards the end of the year one small four-bed female ward was, on the recommendation of Dr. M. Crowe, Deputy M.O.H., set aside for sputum-negative cases of pulmonary tuberculosis—mainly cases of extensive primary or chronic miliary lesions occurring in children and not acceptable in Peamount Sanatorium.

Surgical procedures are carried out, as in the case of Rialto Hospital, in St. Kevin's Hospital by Mr. T. C. J. O'Connell, M.D., M.Ch.

Miss Evelyn M. Willis has been good enough to devote some of her spare time to teaching the patients arts and crafts.

Laboratory services are supplied by Dr. J. H. Stritch, City Bacteriologist, as in the case of Rialto Hospital.

Admissions and Discharges.

Total number of admissions	....	....	137
„ patients treated	....	....	121
„ patients in hospital on Jan. 1st, 1944	....	....	33
„ patients in hospital on Dec. 31st, 1944	....	....	42
„ deaths	....	....	32
„ patients discharged from hospital	....	....	58
„ patients transferred	....	....	5
„ patients with stay 1 month or less	....	....	16
„ patients admitted 1 month or less before death	....	....	9
Bed-occupancy	....	....	89%

Classification.

Non-tuberculous	....	....	8
T.B. minus	....	....	9
T.B. +1	....	....	3
T.B. +2	....	....	22
T.B. +3	....	....	76
Non-pulmonary	....	....	3

Age-Groups.

0—15	....	....	....	7
15—25	....	....	....	16
25—35	....	....	....	25
35—45	....	....	....	17
45—55	....	....	....	27
55—65	....	....	....	19
65—>	....	....	....	10

Condition on Discharge.

Improved	....	....	20
No change	....	....	20
Worse	....	....	15

Examinations.

Sputum	....	....	59
X-ray	....	....	59
Screening	....	....	26

Treatment.

Gold	....	....	....	4
Artificial pneumothorax	....	....	....	1
Artificial pneumoperitoneum	....	....	....	4
Phrenic crush	....	....	....	5
Artificial pneumoperitoneum and phrenic crush	....	....	....	3
Attempted artificial pneumothorax	....	....	....	1
Attempted and abandoned artif. pneumoperitoneum	....	....	....	1
Refills :				
Artificial pneumothorax	....	....	....	12
Artificial pneumoperitoneum	....	....	....	99
Thoracoplasty	....	....	....	1
Adhesion section	....	....	....	1
Aspirations	....	....	....	2

Other Diseases.

Aortic aneurism	....	....	1
Bronchitis	....	....	3
Delusional insanity	....	....	1

DOMICILIARY WELFARE SCHEME.

In pursuance of the proposals of the Department of Local Government and Public Health for the care of tuberculous patients before entering an Institution and after receiving Institutional treatment, what is described as the Domiciliary Welfare Scheme was put into operation by the Corporation in the month of December, 1943. Under that Scheme necessitous patients either awaiting or having had institutional treatment and who in the opinion of the medical and nursing staffs of the Tuberculosis Dispensaries—and from their knowledge of the home conditions of these patients—are adjudged qualified to receive the benefits of the Scheme are each week provided with free allowances of extra nourishment amounting in each case to $3\frac{1}{2}$ pints of milk, $\frac{1}{2}$ lb. of butter and 7 eggs.

In the first instance, the patients, under authorisation issued by the Medical Staff at the Dispensaries, are entitled for a period stated in each instance to attend at the Welfare Office, 116 Capel Street, and there to receive the necessary vouchers covering the supplies mentioned.

The Scheme also provides for the provision of a separate bed and, where necessary, bedding, for infective cases in their own homes, while receiving Domiciliary or Dispensary treatment.

In the case of necessitous patients undergoing treatment in Institutions, the Scheme further approves of provision of suitable clothing for such patients who are unable if such clothing were not provided to derive full benefit from the treatment afforded in the Institution. It is a condition of the issue of the supplies of bed, bedding, or clothing granted to a recipient that these should remain the property of the Corporation.

Issues of beds and bedding commenced in October, 1944, after a suitable stock of bed equipment had been procured. Following contracts for clothing made by the Combined Purchasing Section of the Local Government Department, patients in Institutions qualifying for same have been so provided since November, 1944.

The total number of cases registered (including re-registrations) for the issue of food allowances at the end of each Quarter is set out in the following Table :—

Total Cases Registered in week ended—

		Males	Females	Total
26/12/43	....	103	52	155
2/ 4/44	....	494	360	854
2/ 7/44	....	703	546	1,249
1/10/44	....	899	730	1,629
31/12/44	....	1,049	867	1,916

This Scheme has been established to assist the tuberculous patient in combating the disease and in deriving full benefit from the institutional treatment afforded. It is an important extension of the arrangements for the treatment of tuberculous. At the same time, arrangements have been made whereby the Department of Supplies will issue a special permit for extra butter (which is a rationed commodity) to any tuberculous person, not eligible for the food allowances under this Scheme, on production of a medical certificate that the patient requires same by reason of the disease.

VETERINARY DEPARTMENT

REPORT

OF THE

CHIEF VETERINARY INSPECTOR

MR. P. F. DOLAN, M.R.C.V.S., D.V.S.M.

for the Year ended 31st December, 1944.

REPORT OF THE CHIEF VETERINARY INSPECTOR.

ASSISTANT VETERINARY INSPECTORS.

S. O'Donovan, M.R.C.V.S., D.V.S.M.
 J. M. Murphy, M.R.C.V.S., D.V.S.M.
 J. M. Morris, M.R.C.V.S.
 P. J. Nolan, M.R.C.V.S.
 D. Reeves, M.R.C.V.S., D.V.S.M.
 P. M. McManus, M.R.C.V.S., D.V.S.M.
 W. P. Power, M.R.C.V.S.

SANITARY INSPECTORS.

M. Murphy, Dairy Inspector.
 J. Sweeney, Dairy Inspector.
 M. J. D'Arcy, Dairy Inspector.
 E. Marsland, Detention Officer.
 P. Kennedy, Milk Sampling Officer.

The duties of the Veterinary Department are classified as follows :—

1. Milk Inspection.
2. Meat Inspection.
3. Duties under Diseases of Animals Acts.
4. Bacteriological Laboratory.
5. Attendance on animals the property of the Corporation.

1. MILK INSPECTION.

On 31st December, 1944, the following were entered on the Register of Dairymen kept by the Corporation in accordance with the requirements of the Milk and Dairies Act 1935 :—

No. of Dairymen registered	....	1,989
No. of Premises registered	....	2,180
No. of Producers of Milk registered	....	171

During the year 157 premises, comprising 105 milk shops, 17 dairy yards, 29 milk stores and 6 vehicles were registered. Refusal of Registration Orders were served in respect of applications for three premises.

The following is a summary of the Dealers' Licences issued under the Milk and Dairies (Special Designations) Regulations, 1938 :—

No. of Licences issued	....	....	686
No. of Premises licensed	....	....	747
No. of Licences issued for the sale of Pasteurised Milk	....	....	682
No. of Licences issued for the sale of Highest Grade Milk	....	....	4

A refusal Order was served on one applicant for a Dealer's Licence.

Regular inspections of milk shops and milk stores were made by Dairy Inspectors to ensure that the provisions of the Act and Regulations were being complied with; in the course of the year 10,173 inspections were made. When any breach of conditions was observed the matter was reported and

if the Law Agent deemed it advisable legal proceedings were instituted against the offender.

MILK SAMPLING.

During the year 381 samples of milk sold under general designation and 36 samples of milk sold under special designation were taken on the Corporation's own behalf at various places of distribution and submitted for bacteriological examination to an official bacteriologist appointed under the Act. The samples of milk sold under special designation were taken from persons selling milk under the designation Pasteurised Milk and who were empowered to do so by virtue of a Dealer's Licence issued by the Corporation. A summary of the results of the bacteriologically examination of the samples is given hereunder. For comparison purposes the results of samples taken during the winter and summer periods are shown separately.

Total Living Organisms per Cubic Centimetre	General Designation No. of Samples		Special Designation No. of Samples	
	Summer Period	Winter Period	Summer Period	Winter Period
1,000— 50,000	85	114	5	15
50,000—100,000	20	24	—	2
100,000—200,000	19	16	2	—
200,000—300,000	15	11	1	3
300,000—400,000	6	9	1	1
400,000—500,000	17	6	1	2
500,000—600,000	3	1	—	1
600,000—700,000	2	—	—	—
700,000—800,000	4	2	—	—
800,000—900,000	5	1	1	—
900,000 and over	19	2	1	—
TOTALS ...	195	186	12	24

In addition to the foregoing sampling, 272 samples of Highest Grade Milk and 315 samples of Pasteurised Milk were taken and forwarded to the State Chemist on behalf of the Minister for Local Government and Public Health from suppliers operating under licence issued by the Minister who is the licensing authority for the production or pasteurisation or bottling of all milk for sale under special designation. For the year 24 persons were holders of licences for either the production or bottling of Highest Grade Milk and 32 persons were holders of licences for either the pasteurisation of milk or the bottling of Pasteurised Milk; of the licencees, 47 were distributing milk in the City.

EXAMINATION OF MILCH COWS IN CITY DAIRY YARDS.

Special visits were made to City dairy yards for the purpose of examining the cows housed therein. The procedure of examination is that samples of milk were taken from cows with abnormal udders and in cases where tuberculosis was suspected the milk was centrifuged and the deposit examined for tubercle bacilli. If microscopic examination was negative the milk was submitted to biological examination. In all other cases of abnormal udders, where the condition was found not to be due to streptococci, etc., samples of milk were grouped and the group samples submitted to biological examination. These measures were adopted to ensure that all cows with tuberculous udders were detected. Cows found to come within the provisions of the Bovine Tuberculosis Order 1926 were immediately slaughtered.

Notices interdicting the sale of milk from cows affected with a disease or a condition likely to infect milk were served on the owners.

The following is a summary of the work :—

No. of cows housed in City Dairy Yards	....	4,050
No. of special visits to dairy yards	....	363
No. of examinations of milch cows	....	9,082
No. of cows from which separate samples of milk were taken for bacteriological examination	....	168
No. of samples taken and bacteriologically examined	....	290
No. of cows for which notices interdicting the sale of milk were served	....	113
No. of cows in City Dairy Yards found with tuberculosis of the udder	....	4

INFECTIOUS DISEASES ON DAIRY PREMISES.

Disease.	No. of Cases.
Diphtheria	5
Para-Typhoid	2

SUMMARY OF PROSECUTIONS FOR OFFENCES IN CONNECTION WITH THE SALE OF
MILK HEARD IN THE DISTRICT COURT DURING THE YEAR.

Offence	No. of Cases	Fines £ s. d.	Costs £ s. d.	D.P.O.A.	Adjourned Generally	Poor Box £. s. d.
Unsuitable Premises ...	4	7 0 0	—	—	—	—
Failure to register for sale of milk	1	—	—	—	1	—
Milk samples containing bacteria in excess of the prescribed number per unit volume ...	20	33 0 0	3 6	6	3	—
	25	40 0 0	3 6	6	4	—

2. MEAT INSPECTION.

NUMBER OF ANIMALS SLAUGHTERED AT THE CORPORATION ABATTOIR.

Bulls	....	....	....	....	1,312
Bullocks	....	....	....	....	9,168
Cows	....	....	....	....	23,776
Heifers	....	....	....	....	10,000
Calves	....	....	....	....	713
TOTAL CATTLE					<hr/> 44,969 <hr/>
Sheep	....	....	....	....	52,741
Swine	....	....	....	....	26,164
TOTAL ANIMALS					<hr/> 123,874 <hr/>

CARCASSES WHOLLY OR PARTIALLY CONDEMNED AT THE CORPORATION ABATTOIR DURING
SIX MONTHS ENDED 31st DECEMBER, 1944.

	CATTLE		SHEEP		SWINE	
	Whole	Partial (Weight in lbs.)	Whole	Partial (Weight in lbs.)	Whole	Partial (Weight in lbs.)
Tuberculosis ...	504	28,635	—	—	12	148
Traumatism ...	41	5,537	2	87½	1	165
Oedematous and Wasted	57	—	6	—	—	—
Gangrene ...	2	—	1	—	—	—
Redwater ...	6	—	1	—	—	—
Moribund and Ill-bled ...	22	—	8	—	4	—
Decomposition ...	6	759	31	—	2	—
Septic Conditions ...	103	733	8	32	4	2
Carcinoma ...	31	—	1	—	—	—
Swine Erysipelas ...	—	—	—	—	2	6
Other Conditions ...	15	565	2	7	4	—
TOTALS ...	787	36,229	60	126½	29	321

RETURN OF ORGANS, ETC., CONDEMNED AT DUBLIN CORPORATION ABATTOIR DURING THE SIX MONTHS
ENDED 31st DECEMBER, 1944.

	Cattle	Sheep	Swine	Total		Cattle	Sheep	Swine	Total
LUNGS :					LIVERS—Contd.				
Tuberculosis	3,674	—	216	3,890	Echinococcus	6	—	1	7
Abscesses	9	3	—	12	Distomatosis	1,525	78	2	1,605
Pneumonia	43	—	21	64	Cav. Angioma	142	—	—	142
Pleurisy	41	2	15	58	Other Conditions	343	63	25	431
Parasitism	6	1	—	7					
Cysts	6	—	—	6	KIDNEYS :				
Other Conditions	203	58	19	280	Tuberculosis	827	—	24	851
					Nephritis	8	—	2	10
HEARTS :					Cysts	2	—	—	2
Tuberculosis	3,459	—	216	3,675	Other Conditions	32	2	—	36
Other Conditions	279	63	42	384					
					UDDERS :				
SKIRTS :					Tuberculosis	28	—	—	28
Tuberculosis	1,888	—	4	1,892	Mastitis	22	—	—	22
Other Conditions	142	2	4	148	Other Conditions	4	—	—	4
STOMACHS :					UTERI :				
Tuberculosis	1,858	—	74	1,932	Tuberculosis	258	—	—	258
Other Conditions	204	57	24	285	Other Conditions	11	—	—	11
INTESTINES :					FOETUSES :	4	—	—	4
Tuberculosis	1,858	—	74	1,932					
Other Conditions	204	57	24	285	HEADS :				
					Tuberculosis	2,184	—	523	2,707
SPLEENS :					Actino	154	—	—	154
Tuberculosis	75	—	20	95	Abscesses	3	—	—	3
Other Conditions	2	—	1	3	Other Conditions	201	56	21	278
LIVERS :					TONGUES :				
Tuberculosis	1,608	—	192	1,800	Tuberculosis	2,184	—	523	2,707
Abscesses	214	3	1	218	Actino	146	—	—	146
Necrosis	21	1	3	25	Other Conditions	203	56	21	280
Cirrhosis	1,037	—	24	1,061					

ESTIMATE OF ANIMALS SLAUGHTERED IN PRIVATE SLAUGHTERHOUSES AND FACTORIES.

Cattle	....	....	....	....	32,500
Sheep and Lambs			....	....	113,672
Pigs	....	....	....	....	21,986

No. of Private Slaughterhouses	....	....	52
No. of Knackers' Yards	....	....	1
No. of Victuallers using Private Slaughterhouses			131
No. of Victuallers using Corporation Abattoir			125

No. of Inspections of:—

Slaughterhouses	....	....	....	8,437
Shops, Factories and Depots			....	1,045
Stallholders, Hawkers, etc.			....	7,050
Markets and Stores	....	....	....	171

In addition to the foregoing inspections whole-time inspection was carried out at the Corporation Abattoir and inspection of the weekly Cattle Market was also made.

DISEASED AND SUSPECTED ANIMALS DEALT WITH IN MARKETS, LAIRS, ETC., UNDER FOOD
INSPECTION, DURING THE YEAR.

ANIMALS DEALT WITH		HOW CARCASSES WERE DEALT WITH				Removed Outside our Jurisdiction	Dealt with under T.B. Order and Restrictions removed
		Passed	Condemned				
			Total	Partial	Organs only		
CATTLE	217 ...	77	36	58	18	26	2
SHEEP	41 ...	30	8	3	—	—	—
Pigs	13 ...	11	—	2	—	—	—
TOTAL	271 ...	118	44	63	18	26	2

NUMBER OF ANIMALS IN MARKETS DURING THE YEAR.

PERIOD	BEASTS.			CALVES.	SHEEP.	PIGS.
	Fat.	Dairy.				
March Quarter ...	34,934	3,120		243	55,648	9,416
June Quarter ...	25,676	2,782		512	67,139	11,685
September Quarter ...	35,159	4,356		252	85,367	10,635
December Quarter ...	44,005	4,816		274	77,554	10,150
TOTALS ...	139,774	15,074		1,281	285,708	41,886

TOTAL WEIGHT OF UNSOUND FOOD FOR THE YEAR.

Meat and Organs, Beef, Mutton, Pork and Bacon	....	....	....	2,500,981 lbs.
Fish	....	....	....	24,812 lbs.
Fruit and Vegetables	....	....	....	13,398 lbs.
Miscellaneous	....	....	....	4,088 lbs.

FOOD COMPLAINTS.

During the year 151 complaints were made by members of the public concerning food purchased by them in the City. Each complaint was investigated and, where necessary, an examination was made of the food on the vendor's premises. The following is a list of the various articles submitted for examination with the number of complaints shown in brackets :— Bread and Cakes (22), Butter (1), Cheese (6), Coffee, Bottled (9), Cornflour (2), Eggs (2), Fish (6), Flour (1), Fowl (3), Fruit (2), Jam (7), Jelly Crystals (3), Meat, including Canned Meat (38), Milk, including Canned Milk (26), Oatmeal (5), Rice (4), Semolina (3), Suet and Dripping (5), Sugar (4) and Vegetables (2).

SUMMARY OF PROSECUTIONS FOR UNSOUND FOOD, ETC.

Three prosecutions were heard for offences connected with unsound food and fines amounting to £45 were imposed.

For breaches of the bye-laws relating to the conveyance of meat, fines totalling £6 10s., with £1 1s. costs, were imposed in six prosecutions.

SLAUGHTER OF ANIMALS ACT, 1935.

Slaughter Licences were issued under the Act to 158 applicants and the fees therefor amounting to £39 10s. were received.

3. DISEASES OF ANIMALS ACTS.

BOVINE TUBERCULOSIS ORDER :

No. of cows found to be affected with tuberculosis of the udder	....	....	7
No. of animals found to be showing definite clinical symptoms of tuberculosis with chronic cough	....	....	6
No. of cows with abnormal udders in City Dairy Yards on samples of milk being bacteriologically examined found not to be affected with tuberculosis of the udder			168
No. of animals (reported) found after examination not to be affected with any of the forms of tuberculosis specified in the Bovine Tuberculosis Order	....	....	1
Total No. of Animals dealt with			182

Ten animals were found to come within the scope of the Bovine Tuberculosis Order. The agreed valuation of the animals amounted to £145 and scale compensation of £82 1s. was paid to the owners. The nett cost of compensation was £42 4s. 1d.

SHEEP SCAB ORDER :

No. of Actual outbreaks	....	....	7
No. of Animals affected	....	....	94
No. of Animals in contact	|....	....	215
No. of prosecutions under the Order	....		5
Total penalties imposed ; Fines £9 15s.			
Court Poor Box £6.			

SHEEP DIPPING ORDER :

Four inspectors specially appointed to ensure that the provisions of this Order were being complied with made 24 visits to Markets and Sheep Sales.

No. of sheep for which Declarations of
Dipping were presented to the Inspector 68,123

No. of sheep dipped under supervision Nil

No. of prosecutions under the Order 1

Total penalties imposed : Fines £8.

Routine work was carried out under the following Orders :—Anthrax Order, Rabies Order, Parasitic Mange Order, Swine Fever Order and the Foot and Mouth Disease Orders. The work performed in connection with other Orders under the Diseases of Animals Acts was mainly of a preventive nature.

RETURNS OF SPECIAL SHEEP SALES AND SALES OF STORE BEASTS
DURING THE YEAR.

PERIOD			SHEEP	STORE BEASTS
March Quarter	...	...	70	13,962
June Quarter	...	...	144	16,028
September Quarter	...	...	17,292	17,519
December Quarter	...	...	11,386	17,080
TOTALS	...	...	28,892	64,589

4. BACTERIOLOGICAL LABORATORY.

MICROSCOPIC EXAMINATION OF MILK.

SAMPLES OF MILK FROM COWS IN CITY DAIRY YARDS :

No. of Examinations	....	....	....	<u>290</u>
Streptococci	....	....	....	121
Diplococci ....	....	....	....	6
Staphylococci	....	....	....	8
Mixed Infection	....	....	....	9
Tubercle Bacilli	....	....	....	3
Other Organisms	....	....	....	4
Negative ....	....	....	....	139

SAMPLES OF SPUTUM :

No. of Examinations	....	....	....	<u>12</u>
Tubercle Bacilli	....	....	....	8
Negative ....	....	....	....	4

SAMPLES OF MILK FROM COWS OTHER THAN IN CITY DAIRY YARDS :

No. of Examinations	....	....	....	<u>6</u>
Tubercle Bacilli	....	....	....	2
Other Organisms	....	....	....	2
Negative ....	....	....	....	2

SAMPLES OF SPUTUM :

No. of Examinations	....	....	....	<u>2</u>
Tubercle Bacilli	....	....	....	2
Negative ....	....	....	....	—

BIOLOGICAL EXAMINATION OF MILK.

GROUP SAMPLES :

No. of Examinations	....	....	....	29
Positive	....	....	....	<u>4</u>
Negative	....	....	....	25

DIRECT SAMPLES :

No. of Examinations	....	....	....	12
Positive	....	....	....	<u>—</u>
Negative	....	....	....	12

SAMPLES TAKEN AT INFANT AID DEPOTS :

No. of Examinations	....	....	....	18
Positive	....	....	....	<u>—</u>
Negative	....	....	....	18

SAMPLES TAKEN AT HOSPITALS :

No. of Examinations	....	....	....	36
Positive	....	....	....	<u>—</u>
Negative	....	....	....	36

MISCELLANEOUS SAMPLES :

No. of Examinations	....	....	....	58
Positive	....	....	....	<u>—</u>
Negative	....	....	....	58

MICROSCOPIC EXAMINATIONS—GENERAL.

SKIN SCRAPINGS FOR PARASITIC MANGE :

No. of Specimens	....	....	....	1
Positive	....	....	....	<u>—</u>
Negative	....	....	....	1

WOOL SAMPLES :

No. of Specimens	....	....	....	<u>15</u>
No. of cases in which the Psoroptes ovis was found	....	....	....	14
No. of cases negative	....	....	....	1

BLOOD FILMS FOR ANTHRAX :

No. of Specimens	....	....	....	<u>21</u>
Positive	....	....	....	—
Negative	....	....	....	21

5. THE ATTENDANCE ON ANIMALS THE PROPERTY OF THE CORPORATION.

HORSES :

No. of visits	....	....	....	126
No. of attendances	....	....	....	276
No. of horses purchased	....	....	....	—
No. of horses cast	....	....	....	5
Total No. of horses in Stud on 31st December, 1944	....	....	....	37

CATTLE :

In the course of the year the animals at the Crook-sling Sanatorium Farm were attended on and each animal of the dairy herd was subjected periodically to the tuberculin test, and has been maintained abortion free.

On the 31st December, 1944 the herd numbered 55 animals. The total milk yield for the year was 251,355 lbs.

The following tables give (1) an analysis of the causes of the elimination of animals for each year since the formation of the herd in October, 1926 to the end of 1944 and (2) a summary of the results of the post mortem examination on 116 of the eliminated animals during the same period.

DEPRECIATION IN ANIMALS IN HERD FROM OCTOBER, 1926, TO 31st DECEMBER, 1944.

Year	Reactors	Doubtful Reactors	Mastitis	Defective Quarters	Sterility	Milk Records	Bulls	Reactors Agglutination Test	Other Causes	TOTAL
1927	4	—	1	—	—	1	—	—	—	6
1928	3	2	—	—	1	—	—	—	1	7
1929	1	2	3	2	2	—	—	—	3	13
1930	1	2	1	2	—	2	1	1	—	10
1931	2	1	2	—	—	1	1	—	2	9
1932	1	—	—	—	2	—	—	—	2	5
1933	2	—	3	—	1	4	—	—	2	12
1934	4	—	2	—	—	1	1	—	—	8
1935	—	—	5	—	2	—	1	—	—	8
1936	—	—	10	—	—	2	—	—	—	12
1937	—	2	5	5	—	—	—	—	1	16
1938	—	—	3	—	3	—	—	—	1	7
1939	—	—	2	—	—	5	1	—	2	10
1940	4	—	3	—	—	5	—	—	1	13
1941	—	—	1	—	—	6	—	—	3	10
1942	2	—	5	—	5	3	1	—	2	18
1943	1	1	2	1	—	—	—	1	1	7
1944	2	—	5	—	1	4	—	4	1	17
TOTAL	27	10	53	10	20	34	6	6	22	188

POST MORTEM EXAMINATIONS HELD ON 116 OF THE 188 ELIMINATED ANIMALS.

Reactors	Post Mortem Examinations	Evidence of Tuberculosis Found				No Macroscopic Lesions of Tuberculosis
		Mesenterics	Bronchial & Mediastinal	Pharyngeal only	Pseudo- Tuberculosis	
29	28	9	6	1	1	11
Doubtful Reactors 9	4	—	—	—	—	4
Remaining Eliminated Animals 150	84	—	—	—	—	84

SANITARY DEPARTMENT

NORTH CITY.

T. Cuffe.	Supervisory Sanitary Inspector.
E. Altman.	} Sanitary Inspectors. (Howth Area)
J. Bradley.	
P. Coen, B.A.	
M. Mac Dermott.	
M. Gorman.	
Miss E. Guiney, B.Sc.	
Miss M. Hamilton.	
Mrs. E. Murphy.	
Miss M. Tierney.	
J. Travers.	

SOUTH CITY.

P. Lee.	Supervisory Sanitary Inspector.
S. Breathnach, B.Comm.	} Sanitary Inspectors.
Miss M. Cooke.	
Miss M. Doyle.	
J. Fitzpatrick.	
T. Flynn.	
C. O'Kiersey.	
Mrs. E. Nally.	
Mrs. O'Reilly-Murphy.	
T. O'Brien.	
C. Reynolds, B.A.	
Miss C. Thornton.	
P. J. Toal, M.R.S.I., M.R.I.P.H.	
	Prosecuting Sanitary Inspector. P. Nolan.
	Drains Inspector. P. Breen.

During the year under review, 92,503 inspections and visits were made by the staff of the Sanitary Department in connection with the abatement of nuisances. Details of the Department's activities are given on page 163.

SANITARY ADMINISTRATION.

	1944
Inspections of Tenement Houses	34,206
Re-inspection of Tenement Houses	16,811
Inspections of other Houses, Cottages, etc	15,880
Other Inspections, including Schools, Stables, Fish and Chip Shops, Outworkers' Premises, etc	18,780
Rooms Inspected	181,644
Rooms Re-inspected	26,981
Inspections of Offensive Trade Premises	342
Inspections of Workshops	1,639
Survey of New Workshops	43
Inspections of Piggeries	935
Inspections of Bakeries	82
Inspections of Common Lodging Houses	124
Nightly Inspection of Common Lodging Houses	7
Inspections of Weekly Lodging Houses	202
Number of Written Notices Served	9,826
Number of Verbal Notices given	5,810
Number of Notices Served re Bye-Law (Limewashing)	11,920
Number of Nuisances found due to complaints	5,996
Defects Discovered	22,559
Defects Remedied	16,455
Tests applied to House Drains	387
Choked Drains Freed	2,431
Reports Received in writing from Medical Officers of Health	55
Accumulations of Manure Removed	322
Interviews with Property Owners as to Sanitary require- ments	2,446
Nuisances from Smoke abated	22
Inspections of Ice Cream Shops	344
Inspections of Burial Grounds	290

RETURN OF SANITARY PROSECUTIONS FOR YEAR ENDING 31st DECEMBER, 1944.

PROSECUTIONS :

Summonses (Ordinary)	....	....	374
„ (Disobedience)	....	....	84
„ (Bye-laws)	....	....	109
„ (Section 56)	....	....	33
„ (Sections 83 and 84)	....	....	4
Closing Summonses	....	....	2

RESULTS OF PROSECUTIONS :—

Orders obtained	....	....	316
Prohibitory Orders	....	....	3
Owners fined	....	....	107
Owners' cases adjourned	....	....	216
Summonses abated	....	....	140
Summonses struck out	....	....	9
Summonses dismissed	....	....	8
Summonses “ Proved-dismiss ”	....	....	6
Summonses marked “ No Service ”	....	....	1
Summonses marked Probation Act	....	....	9
Penalties imposed, absolute	....	....	£376

STATISTICS.

			1944
No. of “ Fit ” Houses	....	....	4,584
No. of “ Unfit ” Houses	....	....	5,578
No. of Families living in “ Unfit ” Houses	....	....	14,644
No. of Tenements	....	....	5,943
No. of “ Fit ” Tenements	....	....	3,385
No. of “ Unfit ” Tenements	....	....	2,558
No. of Cottages	....	....	3,887
No. of “ Fit ” Cottages	....	....	1,137
No. of “ Unfit ” Cottages	....	....	2,750
No. of Stable Dwellings, and Others	....	....	332
No. of “ Fit ” Stable Dwellings, and Others	....	....	62

No. of " Unfit " Stable Dwellings, and Others	270
No. of Families living in 1 room dwellings	19,600
No. of Families living in 2 room dwellings	8,401
No. of Families living in 3 room dwellings	3,487
No. of Families living in overcrowded dwellings otherwise fit for human habitation (1943 Survey)	3,144

LIMEWASHING OF TENEMENT HOUSES.

With the exception of 33 tenements, in respect of which 33 prosecutions were instituted against the Owners, all tenements were limewashed twice in the year, in compliance with Tenement Byelaw 34, which is as follows :—

“ The landlord of a tenement house shall, in the months of April and October in every year cause every part of the premises to be cleansed. He shall at the same time, except in such cases as hereinafter specified, cause the walls of every yard and area, the interior surface of every ceiling and wall of every closet or privy belonging to the premises, and the interior surface of every ceiling and wall of every room, staircase, and passage in the house to be thoroughly washed with hot limewash in April and October of each year, provided that the foregoing requirements shall not apply to such premises, walls of yards, areas, water closets, privies, ceilings, walls of rooms, staircases or passages into or to which the landlord has no right of access to do such work, and with respect to the limewashing of the internal surface of the walls of rooms, staircases, and passages shall not apply in any case where the internal surface is thoroughly cleansed, or where the material of, or with which such surface is constructed or covered is such as to render the limewashing thereof unsuitable or inexpedient, and the paint, paper, or other covering is renewed, if the renewal thereof be necessary for the purpose of keeping the premises in a cleanly and wholesome condition ”.

VERBAL NOTICES.

Where feasible, Sanitary Inspectors give verbal notices to Owners and Agents, consequently much time and expenditure are saved. Practically all the 5,810 notices in 1944 received the necessary attention.

REBATE OF RATES.

Under Section 72 of the Local Government (Dublin) Act, 1930, owners of houses of not more than £8 valuation get a rebate of 20% on their taxes, provided these dwellings are in good repair. The purport of this Section is to encourage the owners of this class of property to maintain the houses in a habitable condition throughout the year. In 1944 there were 297 applications made covering 7,014 valuations, of which 74 were rejected.

The following conditions must be fulfilled before a house is deemed Fit to warrant a rebate:—

1. Valuation of premises must not exceed £8.
2. Premises must be occupied only by artisans or labourers.
3. Premises must front to streets or place in charge of the Corporation.
4. Suitability of premises, as required by the Medical Officer of Health.
 - (a) Premises must have yards (either in common or self-contained) at rere or “side”.
 - (b) Entire surface of yard (where there is no garden) to be concreted or tiled. The size of the yard to be as determined in the Building Byelaws.
 - (c) Drains must be intercepted, ventilated, and provided with proper deep seal surface water traps.
 - (d) There shall be no Ashpits—Dustbins only must be provided.
 - (e) Proper and sufficient W.C. accommodation must be provided.

- (f) The entire house must be kept clean, white-washed, and in good general repair, with unbroken windows, staircases, balustrades, lobbies and fire places.

ABANDONED HOUSES.

There were 12 abandoned tenements dealt with in 1944. These premises, generally, were in a state of advanced decay, and abandoned by their owners because of their inability to maintain them in a satisfactory state. The labouring staff of this Department regularly cleanse the yards, sanitary accommodation, etc., of these houses.

COMMON LODGING HOUSES.

Total.

Number on Register at 1st January, 1944...	15
New Registrations effected during the year	—
Removals from Register during the year	3
Number of visits during the year	131
Statutory Notices served for nuisances	12
Verbal Notices given for nuisances	43
Verbal Notices given for breaches of Byelaws	15

The accommodation varies from 8 to 508 persons to a house.

On visiting the Lodging Houses, special attention was directed to the general condition of the premises, including cleanliness, lighting and ventilation, as well as the beds and bedding. The prevention of overcrowding was rigidly enforced, and immediate measures adopted for the abatement of any nuisance or for the repairs of any structural defects discovered.

A Common Lodginghouse is defined as :—

“ A house in which or in any part of which persons are harboured or lodged for hire for a single night, or for less than a week at a time.”

SMOKE NUISANCES.

During the year 22 complaints were received in respect of smoke nuisances from factory chimneys. These complaints received prompt attention and the nuisances were abated by increasing the chimneys' height, or by structural alterations to the boiler plant. A change of fuel was made in a few instances with satisfactory results.

WORKSHOPS.

Since 1935 new workshops established number 492 analysed as follows :—

1935	1936	1937	1938	1939
96	60	93	76	35
1940	1941	1942	1943	1944
26	22	12	29	43

The establishment and subsequent workings of these workshops engage the attention of the Sanitary Inspectors. Occupiers, through no fault of their own, are generally not very conversant with the regulations from a sanitary standpoint, and this branch of the service is in constant co-operation with the Department of Industry and Commerce, in securing observance of requirements.

RE SECTION 9 OF THE FACTORY AND WORKSHOPS ACT, 1901.

The Notices served under this Act were as follows :—

	1944
1. Sanitary Accommodation opening directly into Factory	13
2. Sanitary Accommodation not sufficiently lighted	8

3.	No separate approaches to male and female sanitary accommodation	....	....	—
4.	Sufficient Sanitary Accommodation not provided	....	....	.... 12
5.	Sanitary Accommodation dirty	....	....	.... 7
6.	Other defects	....	....	.... 13
7.	No Sanitary Accommodation provided	....	....	.... 4
8.	Unsuitable Sanitary Accommodation	....	....	.... 1

FACTORY AND WORKSHOPS ACT, 1901.

Section 107 deals with “Home Work”, and its purport is as follows :—

The occupier of every Factory and Workshop and every Contractor employed by any such Occupier in the business of the factory or workshop shall :—

- (a) Keep in the prescribed form and manner, and with the prescribed particulars, lists showing names and addresses of all persons directly employed by him, either as workmen or as contractors, in the business of the Factory or Workshop, outside the Factory or Workshop, and the places where they are employed ; and
- (b) Send to an Inspector such copies of, or extracts from those lists as the Inspectors may from time to time require ; and
- (c) Send on or before the first day of February and the first day of August in each year copies of those lists to the District Council of the District in which the Factory or Workshop is situated.

In the event of a contravention of this section by the Occupier of a Factory, workshop or place, or by a Contractor, the Occupier or Contractor shall be liable to a fine not exceeding Forty Shillings and in the case of a second or subsequent offence, not exceeding Five Pounds.

OUTWORKERS.

39 Firms sent in their lists, in the prescribed Form, twice each year. The number of Outworkers in the February Lists was 220 and the number in the August Lists was 221. The institution of legal proceedings was not necessary, but four firms were cautioned for delay in furnishing their returns.

The Outworkers were engaged at the following trades :—Wearing Apparel (Making, etc.), Household Linen, Lace, Curtains and Furniture Hangings, Upholstery, File-making, Brass, Locks, Umbrellas, Artificial Flowers, Paper Bags, Basket-making, Boot and Shoe Making and Repairing, and processes incidental to above.

OFFENSIVE TRADES.

There are on the Register of Offensive Trades in the City 86 businesses under this category.

The trades are as follows :—

Soap-boiler.

Gut Scraper.

Blood-boiler.

Bone-boiler.

Fellmonger.

Tallow Melter.

Rags, Bones and Uncured Skins.

These trades are under constant supervision, and the appropriate Acts appertaining to their working

are strictly applied. In a few instances, where the premises were not being kept clean, marked improvements were effected following representations from this Department.

FLY NUISANCE.

Complaints regarding nuisance from flies were received during the summer. The District Inspectors carried out a special survey of their districts with a view to discovering and taking steps to remove refuse of every kind that might be lying or dumped in their districts, and having done this, they exercised vigilance to see that a recurrence of such conditions did not take place. This embraced the contents of rivers, where they existed, manure heaps, ashpits, yards, passages, streets, and derelict spaces.

This Department receives valuable co-operation from other Corporation Departments, consequently, many sanitary defects are brought to notice. Were it not for this early intimation, it is possible that defects might remain undiscovered until such time as the Sanitary Inspector visits the premises in the course of a house-to-house inspection.

The Sanitary Department Co-operates with other Departments, by reporting matters relative to waste water, defective street and passage paving, choked street gulleys, and dangerous structures, etc.

BYE-LAW No. 6.

NORTH CITY. 1944

Extra Taps and sinks installed in tenements	....	36
Extra sanitary accommodation provided in Tenements	....	6

SOUTH CITY.

Extra taps and sinks installed in Tenements	....	17
Extra sanitary accommodation provided in Tenements	....	3

ENTIRE CITY.

Extra taps and sinks installed in Tenements	....	53
Extra sanitary accommodation provided in		
Tenements	....	9

DEPARTMENT OF THE
CITY ANALYST.

ANNUAL REPORT FOR 1944.

DEPARTMENT OF CITY ANALYST

ANNUAL REPORT FOR YEAR ENDED 31st
DECEMBER, 1944.

BY

B. G. FAGAN, B.A., B.Sc., F.I.C., City Analyst.

Analyses and investigations were conducted under the following headings during the year :—

1. The Sale of Food and Drugs Acts.
2. The Public Health Preservatives Regulations 1928.
3. Daily control and fortnightly analysis of the City Water Supply.
4. Analyses in connection with the Corporation Supplies.
5. Chemical control of sewage effluent.
6. Analyses of medicines for County Homes and Hospitals.
7. Analyses for other Local Authorities under the Food and Drugs Acts and Preservatives Regulations.
8. Miscellaneous analyses for Public Institutions, Companies and private individuals.

General Statement of Work for Dublin Corporation and City of Dublin.

Nature of Article.	No. of samples.	Department
Food and Drugs	2780	Public Health.
City Water Supplies	145	Engineer's.
Sewage	246	"
Effluent	355	"
Sludge	198	"
Cement dust	1	"
Deposit from Main	1	"
Aluminium Sulphate	1	"
Bitumenous Paint	5	"
Material from sewer	1	"
Drain Cleaning Material	1	"
Patent Fuel	4	"
Anthracite Coal	1	"
Sludge	1	"
Water (special samples)	8	"
Sodium Hypo Chlorite	2	"
Bitumastic Preparation for Roofs	1	Architect's
Flaked Rice	1	Veterinary
Sugar	4	"
Jelly Crystals	1	"
Pressed beef	1	"
Jam	1	"
Water	1	"
Coffee essence	1	"
Milk	1	"
Condensed Milk	1	"
Jam Sandwiches	4	Schools Meals Committee
Jam	7	"
Cheese	6	"
Butter	5	"
Salt	1	"
Gordon's Barley	2	Public Health
Milk	4	"
Benzyl Benzoate	6	"
Coffee essence	1	"
Cooked Food	1	"
Butter	1	"
Chocolate	1	"
Rice	1	"
TOTAL (Dublin Corporatoin)	3,803	

Analyses for Private Individuals.

City of Dublin	....	....	....	697	
Analyses for Dublin Union	....	....	....	283	
TOTAL	....	....	....	980	
TOTAL for City of Dublin			....	4,783	4,783

Analyses for Bodies outside City of Dublin

Local Bodies and Hospitals	....	....	....	6,304	
Private Individuals	....	....	....	192	
TOTAL	....	....	....	6,496	6,496
GRAND TOTAL FOR 1944			....		11,279

The following table compares with the total number of samples analysed in 1944 with that recorded of previous years :—

YEAR.	Total number of all sources.
1922—1926 (both inclusive) ...	... 53,751
1926—1931 (both inclusive) ...	... 68,002
1932—1936 (both inclusive) ...	... 74,209
1937 ... ..	... 14,874
1938 ... ..	... 15,305
1939 ... ..	... 15,227
1940 ... ..	... 14,213
1941 ... ..	... 14,139
1942 ... ..	... 11,987
1943 ... ..	... 11,401
1944 ... ..	... 11,279

The total number of samples is of the same order as that in each of the past two periods, the decrease, as compared with former years, again being due to shortage of supplies generally.

DUBLIN CORPORATION.

FOOD AND DRUGS ACTS

AND

PRESERVATIVES REGULATIONS

Details of articles submitted by the Food and Drugs Inspectors of the Dublin Corporation, and analysed under the above headings are set out below.

The total number of articles submitted was 2,780 of which 67 were informal samples:—

FORMAL SAMPLES.

Nature of Sample.	Number of Samples.	Number Adulterated.
Milk	1,760	71
Butter	862	—
Rice	9	—
Buttermilk	2	—
Cornflour	2	2
Barley	1	—
Semolina	1	—
Sagolina	1	—
Cheese	6	—
Ground Ginger	1	—
Self-raising Flour	1	—

INFORMAL SAMPLES

Nature of Sample.	Number of Samples.	Number Adulterated.
Milk	43	9
Whiskey	6	1
Cornflour	3	1
Vinegar	3	—
Tea	1	—
Orange Squash	1	—
“ Meltol ” Malt Extract	1	—
Condensed Milk	1	—
Sagolina	1	—
Cream	1	1
Bextartar	1	—
Barley	1	1
Jelly Crystals	1	—
Sarsaparilla Blood Purifier	1	—
Sugar	1	—
Jelly	1	—

MILK.

1760 samples were taken officially during the year, and of these 71 were found to be adulterated. 28 were deficient in milk-fat in amounts varying from 5 to 61.66 per cent. of the minimum amount required by the regulations. 35 were deficient in non-fatty milk solids in amounts varying from 4.71 to 26.47 per cent. and 8 samples were deficient in both milk-fat and non-fatty milk solids, the worst sample being deficient of 10 per cent and 26.47. per cent. respectively.

Thirteen of the 43 informal samples did not comply with the regulations. 7 were deficient in non-fatty solids and 2 in milk-fats.

CORNFLOUR

Two formal and three informal samples of cornflour were submitted. Of these one of the formal samples

was found to be adulterated with about three per cent. of mineral matter consisting of a mixture of sand and limestone, the other was not of the nature, substance and quality of the article demanded. It was found to be composed of potato starch. Cornflour should be composed of the starch prepared from either Maize or Rice. The Article made from maize has been on the market since the year 1860, and that from rice since about 1868.

There is no Statutory Standard or definition for Cornflour. The term "Corn" was, without doubt, originally used in the American sense of the word as indicating Maize or Indian Corn. In England it soon came to have the wider ordinary English meaning. The word "Cornflour" acquired a secondary meaning during many years' use, and is the name applied to an article of food, consisting of almost pure starch, derived from either Maize or Rice.

In this Country the variety prepared from Rice is practically unknown. In thirty years I have met with only one sample.

It is the duty of the Public Analyst to analyse any sample submitted to him under the Sale of Food and Drugs Acts, and to certify if it is genuine or otherwise.

In the case of an article like Cornflour for which no official definition or standard has been set up, the Analyst has to decide the question by reference to what the ordinary purchaser expects to get, as established by usage or custom.

Recently in a considered judgment delivered at the Wicklow Circuit Court, it was held that potato starch cannot be sold under the designation "Cornflour."

WHISKEY

This informal sample was found to be diluted to 27.49 degrees Under Proof, 25 degrees being the maximum dilution permissible.

ENGINEER'S DEPARTMENT.

From the various Sections of this Department, 970 samples were submitted for analysis. Of these 145 were samples of water submitted in connection with the Chemical Control of the City Water Supplies.

In connection with the routine Chemical Control of the Sewage Disposal Scheme, 246 samples of sewage, 355 of effluent ; and 198 of sludge, were examined.

Of the special samples of water, one was a treated water from the Poulaphouca Supply to ascertain if it contained any residual aluminium. None could be detected. Two were submitted for a report as to their suitability for discharge into the Tolka River above the bathing pool. Both were declared to be polluted and unfit for discharge at the point suggested. The remaining samples were leakages into basement for report as to their origin.

The sample of cement dust was examined as to its value as a coagulant in water treatment. It was reported as being suitable, and that it should prove an efficient coagulant. This, I believe, was found to be the case in practice.

The sample submitted as aluminium sulphate proved to be ammonium alum.

The specimens of bitumenous paints were intended for use in painting the inside of water mains. Some were found to be unsuitable. A paint was thought to be satisfactory, if, after a certain period of contact with water, it no longer yielded any significant amount of tar acids to the water.

The specimen of Anthracite was thought to contain bitumen, but on analysis none could be detected.

The sample of drain cleaning material proved to be a mixture of caustic soda and aluminium filings. In contact with water this mixture develops considerable heat and evolves large volumes of hydrogen gas.

VETERINARY DEPARTMENT.

The Samples received from this Department are mostly concerned with complaints that the articles were unfit for human consumption.

The sample of cooked flaked rice contained a number of tiny coloured spots which were thought to be copper. No trace of copper could be detected, the spots appearing to be due to parings from a copying ink pencil. One of the samples of sugar also was affected by bluish coloured spots when wetted. These were found to be caused by microscopic particles of a water soluble aniline dye.

The jam was thought to contain an excessive amount of acid and to have an unpleasant flavour. Whilst the sample did possess an unpleasant taste it was not due to any excess in acidity, but was suggestive of mouldiness.

The Coffee Essence was of very poor quality, containing only 32 per cent of extractive matter. There is no legal standard for coffee essence in this country, but the well-made article usually contains from 50 to 70 per cent of total solid matter. This particular specimen possessed a somewhat bitter flavour, and made a very poor beverage.

The specimen of pressed beef was received in the metal container in which it had been pressed. The beef was in very good condition, but was discoloured at two spots immediately below the position of each screw. The discolouration was found to be due to metallic contamination derived from the container.

SCHOOL MEALS COMMITTEE.

The 23 samples received from this Department were all found to be of satisfactory quality except one sample of cheese.

A specimen of cheese sandwich had a slight green coloured stain of small dimension, which was thought to be a fungus. Examination proved it was not a fungus, but its exact nature could not be ascertained, owing to the minute amount available for examination. In all probability the stain had no significance from a health point of view.

PUBLIC HEALTH DEPARTMENT.

Benzyl Benzoate occurs as a white crystalline solid and for certain uses it is made into an emulsion with stearic acid, triethanolamine and water. Another prescription uses lanette wax as the emulsifying agent. The emulsion should contain 25 per cent. of benzyl benzoate. Of the six samples submitted four contained only 20 per cent. each, and some of them had de-emulsified.

A complaint was received that insects had been found in the sample of coffee essence submitted. The bottle containing the sample was about $\frac{2}{3}$ full, and when examined no trace of any insects could be found. The sample of food was thought to have caused symptoms of poisoning. No trace of any of the well-known chemical poisons could be detected. The sample of butter was rancid and contained an excessive acid value, namely 6·7.

Analyses for other Public Bodies, Private Individuals, etc.

The total number of articles received from all sources under the above heading during the year was 7,476.

The fees for the analysis of these articles received during the period 1.1.44 to 31.12.44 (both inclusive) amounted to £3,473 10s. 10d.

This sum was lodged to the credit of the Corporation in accordance with the terms of my appointment.

The following table compares the number of samples analysed under the above heading, and the fees received in respect of same, with those recorded of previous years.

Year	No. of samples	Fees for analysis.		
		£	s.	d.
1922—1926	53,751	6,668	18	1
1927—1931	45,094	10,011	11	4
1932—1936	50,230	9,033	18	5
1937—1941	48,681	10,611	5	6
1942	7,854	2,379	8	2
1943	7,415	2,700	0	6
1944	7,476	3,473	10	10

In conclusion I wish to express my appreciation of the loyal and capable manner in which the members of my staff carried out their duties.

B. G. FAGAN,
CITY ANALYST.

BACTERIOLOGICAL LABORATORY.

ANNUAL REPORT FOR 1944.

BACTERIOLOGICAL LABORATORY

ANNUAL REPORT FOR THE YEAR ENDED DECEMBER,
31st, 1944.

BY

J. H. STRITCH, M.D., City Bacteriologist.

The volume of work undertaken shows a big increase over the previous year. This was partly due to two outbreaks of enteric fever, paratyphoid in May and June, and typhoid in July. The bacteriological examinations in connection with the investigation of these outbreaks together with the routine specimens from the patients in Vergemount Fever Hospital put a great strain on the Laboratory's resources, necessitating a good deal of overtime on the part of the technicians and the appointment of a temporary Assistant Bacteriologist for about three months. In addition the appointment of Mr. E. J. Quillian as permanent Technician in November, 1943, made it possible to undertake the examination of Sputum from the Tuberculosis Dispensary, Charles Street, W. Mr. W. G. Bond continues to act as Temporary Assistant Technician pending the appointment of the permanent staff. Representations have been made for the services of another Technician to enable us to undertake the routine examination of Milk Supplies.

The table below gives details of the number and variety of examinations made during the year.

Record of Bacteriological Examinations for year ended December 31st, 1944.

Samples ...	Water	126
	Milk	5
	Food	29
Swabs ...	for C. diphtheriae	5,169
	for Haemolytic Streptococci	31
	for Vincent's Angina	46
	for other organisms	23
Specimens ...	Blood (Culture)	6
	Urine	435
	Faeces	515
	Cerebrospinal Fluid	60
	Pleural Fluid	45
	Pus	33
	Sputum	2,386
Serological Tests	Gastric Contents	1
	Widal Tests	490
Miscellaneous ...	Virulence tests of C. diphtheriae	3
	Rats for evidence of Plague	21
	Penicillin Sensitivity Tests	12
	Preparation of Tuberculin Dilutions	7
	Blood Films for Malariae	4
	Sputum Culture for Myco. Tuberculosis	25
	Utensils etc. for Food-poisoning Organisms	6
	Estimation of activity of disinfectants	2

TOTAL 9,480

J. H. STRITCH,
City Bacteriologist.

REPORT

By

CITY ENGINEER

(*per* Mr. E. FITZGERALD,
Superintendent of Cleansing.)

PUBLIC CLEANSING.

The Public Cleansing Services comprise three important functions, namely :—

1. Street Cleansing.
2. Collection of Refuse.
3. Disposal of Refuse.

STREET CLEANSING.

The Cleansing Department are responsible for the cleaning of all the streets, road gullies and catchpits within the City boundary and the periodic emptying of ashbins and the disposal of the refuse collected therefrom.

All the streets are swept weekly, bi-weekly or thrice weekly, depending on their location, etc. The principal streets and streets in congested areas receive constant daily attention. Patrol men provided with Litter Carts are daily employed patrolling the main thoroughfares collecting litter.

Petrol-driven washing and sweeping machines are utilised for washing and sweeping the principal thoroughfares.

Petrol-driven vacuum gully emptying vehicles are utilised for emptying the catchpits connected with the road gullies.

For the year ending 31st March, 1945, 23,528 tons of street sweepings were collected and disposed of at the various disposal grounds and depots.

On Sundays a limited staff is engaged on street cleansing work.

REFUSE COLLECTION.

Domestic refuse collections are made thrice weekly in the centre city area, twice weekly in other areas and once weekly in residential areas.

Petrol-driven refuse collection vehicles, varying from three to five tons' capacity, fitted with hydraulic tipping gear and sliding covers to prevent scattering of contents, and a number of horse-drawn vehicles, are utilised for the collection of domestic refuse, street refuse, etc.

For the year ending 31st March, 1945, the total quantity of domestic and trade refuse collected was 70,496 tons, equivalent to an average yield of 7·6 cwts. per thousand of population per day ; 66,997 tons were disposed of on the various disposal grounds, principally at East Wall Road, foreshore reclamation on the north side of the City, and Mount Argus grounds on the south side of the City, which is being filled in for use as a public park ; 3,499 tons were consumed at the Stanley Street Destructor.

PUBLIC CONVENIENCES.

There are eighty-six Public Conveniences in the City, which are washed and cleansed daily.

SCHEME FOR THE WELFARE OF THE BLIND.

Dublin County Borough.

STATEMENT SHOWING THE NUMBER OF BLIND PERSONS REGISTERED UNDER SCHEME AS ON THE 31ST DECEMBER, 1944.

Blind Persons dealt with under Scheme.	Number of Blind Persons at the ages of				Total.
	Under 5 years	5 and under 15 years	15 and under 30 years.	30 years and upwards.	
I. <i>Number Maintained in Approved Institution.</i>					
(a) St. Mary's Merrion	—	2	—	—	2
Males Females ...	—	3	14	37	54
(b) St. Joseph's Drumcondra Males ...	—	2	9	12	23
(c) Richmond National Institution Males ...	—	—	2	29	31
(d) Cork Blind Asylum Males Females ...	—	—	—	2	2
II. <i>Number Assisted in their own Homes.</i>					
(a) Single or } Males ...	—	—	14	257	271
Widowed } Females	—	—	18	539	557
Persons }					
(b) Married Blind Men	—	—	2	170	172
(c) Married Blind Women ...	—	—	—	21	21
TOTALS	—	7	59	1,067	1,133

ACTUAL PAYMENTS MADE IN CONNECTION WITH ABOVE SCHEME DURING YEAR ENDED 31ST DECEMBER, 1944.

Nature of Payments.	Amount.			Nature of Payments	Amount.		
	£	s.	d.		£	s.	d.
(1) St. Mary's Merrion	1,230	9	7	(6) <i>contd.</i>			
(2) St. Joseph's, Drumcondra ...	1,581	9	8	(a) Assistance or			
(3) Richmond National	807	4	1	Registration ...	23	5	0
(4) Cork Asylum ...	73	7	6	(b) State Blind			
(5) Allowances to Blind Persons in their own homes ...	20,180	0	0	Pensions ...	—	—	—
(6) Examination and certification under Scheme of Applicants for ...				(7) Stationery and Office Expenses	205	6	1
				(8) Any other Expenses			
				Rent, etc., for Plots	88	15	3
				Voucher Scheme			
				Payments ...	9,651	14	1
				Salaries ...	1,061	2	9
				Subsidy for Home	280	0	0
				Miscellaneous ...	25	15	8
TOTALS ...	£23,872	10	10		£11,335	18	10
GRAND TOTAL ...				£35,208	9	8	

1944.

Operations under Scheme for the Welfare of the Blind.

Number of Blind Persons on Register	...	...	...	1,133
„ Blind Persons in receipt of Allowances	...	...	...	1,039
„ Applications for Assistance received	...	...	...	161
„ Applications granted	...	...	...	102
„ Applications rejected	...	...	...	41
„ Applications pending at close of year	...	...	...	18
„ Visits to Institutions for the Blind	...	...	...	14
„ Forms Issued for Free Wireless Licences	...	...	...	51
„ Certificates Issued by Ophthalmic Surgeons	...	...	...	57
„ Allowances collected by National Council for the Blind	...	...	...	88
„ Authorised Agents for Collection of Allowances for Blind Persons unable to leave their homes	...	...	...	372
„ Visits to Persons who Employ Agents	...	...	...	857
„ Beneficiaries Living in Hostels	...	...	...	21
„ Beneficiaries Admitted to Public Institutions	...	...	...	63
„ Beneficiaries Discharged from Public Institutions	...	...	...	38
„ Replies sent to Old Age Pension Office regarding allowances paid under Scheme	...	...	...	387
„ Queries sent to Employers respecting earnings of members of Blind Persons seeking Benefit under Scheme	...	...	...	36
„ Deaths of Beneficiaries	...	...	...	47
„ Beneficiaries transferred to Dublin County Council Area	...	...	...	2
„ Beneficiaries transferred from Co. Dublin to Dublin Co. Borough	...	...	...	1
„ Beneficiaries who left City Area	...	...	...	3
„ Provision Vouchers issued to Blind Beneficiaries	...	...	...	50,132

1944.

PLACES OF PUBLIC RESORT.

During the year one new public dance hall was opened, while plans were approved for a new cinema, the enlargement of, and the provision of a theatrical stage in, an existing cinema, the reconstruction of an existing dance hall and the erection of a new one.

The policy of providing assembly halls in schools continued to develop, two new halls having been completed during the year and plans approved for a third.

Various alterations and improvements were effected during the year at places of public entertainment, generally. The number and classification of such places were as follows :—

Public Dance Halls	....	....	....	48
Cinemas	....	....	....	41
Theatres	....	....	....	7
Concert Halls	....	....	....	2
Halls used occasionally for various purposes	....			30
Total				128

The use of one hall for occasional cinema performances was discontinued, following representations from the Corporation as to unsuitability of the premises for the purpose.

The number of inspections made by the Inspector of Places of Public Resort during the year was 918.

1944.

Kilbarrack Graveyard.

Number of Interments	87
----------------------	------	----

Amount of Fees	£75	15	0
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St. Fintan's Graveyard.

Number of Interments	49
----------------------	------	----

Amount of Fees	£111	0	0
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Clontarf Graveyard.

Number of Interments	26
----------------------	------	----

Amount of Fees	£19	5	0
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		£28	0	0	purchases
--	--	-----	---	---	-----------

TOTAL	£47	5	0
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DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES.

The Scheme for the Diagnosis and Treatment of Venereal Diseases came into operation in January, 1919, and provides free and efficient treatment for sufferers.

Arrangements have been made for the establishment of a Treatment Centre and Clinic and for the setting-apart of wards for in-patients at Dr. Steevens' Hospital and Sir Patrick Dun's Hospital, where patients are enabled to enter through the out-door department of the general dispensaries.

By arrangement with the authorities of Trinity College, University College, and the Royal College of Surgeons, Medical practitioners practising in the City can obtain, free, scientific reports on any material obtained from a patient suspected to be suffering from Venereal Disease, and skilled assistance in treatment is placed at their disposal. Supplies of Salvarsan substitutes can be obtained by Medical practitioners through Dr. Steevens' Hospital.

The following is a summary of the work carried out at the Treatment Centres during 1944 :—

	Dr. Steevens' Hospital	Sir Patrick Dun's Hospital
No. of new patients attending Out-patient Clinic	1,095	424
No. of old and new patients attending Out-patient Clinic	2,384	643
Total No. of attendances at Out-patient Clinic	—	8,521
No. of new In-patients treated	—	27
Total No. of In-patients treated	44	29
Aggregate No. of In-patients' (old and new) days of treatment	—	830

PARTICULARS OF PATHOLOGICAL EXAMINATIONS
MADE AT THE PATHOLOGICAL LABORATORIES
DURING THE YEAR 1944.

	Wasserman Reactions.	Gonococci.	Total.
School of Pathology, Trinity College 	5,021	61	5,082
University College 	3,534	100	3,634
Royal College of Surgeons	2,625	24	2,649
	11,180	185	11,365

BATHS AND WASH HOUSES

(Report by PATRICK LYNCH, Superintendent).

MUNICIPAL BATHS AND WASH HOUSES.

The returns from the Baths and Wash Houses show that 105,783 persons visited the establishment during the year ended 31st December, 1944.

The income during the year came to £2,053 5s. 1d., being an increase in the receipts, as compared with the previous year, of £166 5s. 2d., and a decrease in visitors of 5,906.

During the seven months the Swimming Baths were open, they were used by 34,318 persons. The receipts from those persons came to £319 9s. 9d., being an increase in the receipts for the previous year of £40 15s. 6d., and an increase of visitors to the number of 2,325.

Pupils from the "Christian Brothers," "National Schools," "Baden Powell Scouts," and "Vocational Education," visited the Swimming Baths during the period they were open. Recruits from the "Gárda Depot," Phoenix Park, also recruits from the Defence Forces attended during the season and received swimming instruction.

One hundred and sixty-three visits were made, after the usual closing hours, by Swimming Clubs. The sum of £91 12s. 8d. represents the amount of pecuniary support to the establishment during the year.

The Private Reclining Baths were availed of by 42,071 Males, producing £1,297 7s. 4d., the number of Females, 11,547, producing £251 2s. 2d. Comparison with previous year, show a decrease of Male visitors of 5,574, and a decrease in Female visitors to the number of 6,242.

The Public Wash House (Laundry) was visited by 17,847 women. The income derived from users of the Wash House conveniences, amounted to £185 5s. 10d. Compared with last year, there is a decrease of income amounting to £5 13s. 9d., and an increase of visitors to the number of 58.

Owing to the prevailing emergency conditions, Fuel supplies to the Baths were severely rationed ; it was impossible to have the water in the Swimming Baths heated, in fact, during the year there were numerous stoppages in the Reclining Baths, and Public Wash House services, arising from the insufficient quantity, and poor quality of the Fuel. Of course no Coal was obtainable, and the Baths were run on Turf Ovoids and Firewood Blocks.

PATRICK LYNCH.

HOUSING.

HOUSING.

The total number of cottages and flats provided under the Housing of the Working Classes Acts up to 31st December, 1944, amounts to 22,492. Of these, 618 cottages were built during the year at the close of which Contractors had 735 uncompleted cottages in hands. Roads, sewers, water mains, etc., have been laid in Cabra West, Rutland Avenue, Donnycarney, Sarsfield Road, Donore Avenue and Rialto, which provide sites for the erection of a further 3,280 dwellings.

885 houses have been demolished in clearance areas. It became necessary to discontinue the erection of blocks of flats in the centre of the city consequent on scarcity of building materials; and a programme of reconditioning of existing accommodation was implemented in the Gloucester Diamond, Newfoundland Street and North Strand Areas. These schemes will provide accommodation for 359 families. Further reconditioning schemes are in contemplation at Upper Sean McDermott Street, Summerhill, York Street, Hardwicke Street, Upper Buckingham Street, Gardiner's Place, Grenville Street, all of which will provide accommodation for 995 families.

The annual income from dwellings built under the Housing Acts amounts to £581,000, of which the arrears were approximately £11,000—less than 2 per cent.

WATER SUPPLY.



WATER SUPPLY.

REPORT BY N. A. CHANCE, B.A.I., M.I.C.E.I.,
City Engineer.

The domestic water supplied to the City is from three sources: the River Vartry, the River Liffey, and Bohernabreena. All have mountain catchment areas with large storage reservoirs. The Vartry and Bohernabreena supplies are filtered with slow sand filters. The River Liffey is purified by the addition of chemicals and by rapid sand filters.

The Howth area is supplied by a local reservoir at Balcill and this is also filtered with slow sand filters. During the year additional pipes were laid in the Howth area and a new pump house built to increase the area fed by Vartry water and to reduce the demand on the local Balcill supply.

Fortnightly chemical and weekly bacteriological tests are made of all filtered water and tests of the raw water and of water at intermediate stages of purification are also made at regular intervals.

Throughout the year the chemical analyses showed only those seasonal changes which have been known to occur over a long number of years.

The average daily consumption of water at present is 26 million gallons, of which approximately 6 million gallons is drawn from the River Liffey, 3 million from the Bohernabreena catchment and 17 million gallons from the Vartry.

STATEMENT SHOWING WORK PERFORMED BY THE DISINFECTING DEPARTMENT FOR THE
YEAR 1944.

Quarter of Year.	Dwellings Disin- fected.	Rooms Disin- fected.	Removals of Clothing.	Articles Disin- fected.	Articles Washed.	Persons using Disin- fecting Chamber.	Patients removed to Hospital.	Disin- fections after Phthisis.	Beds Supplied.	Mattresses Supplied.	Persons treated for Pediculi.
1	616	724	602	41,297	420	863	89	65	—	—	108
2	560	570	800	39,426	433	820	45	90	—	—	135
3	617	859	718	41,578	405	847	71	93	—	—	96
4	687	828	648	44,455	430	959	72	85	—	1	120
TOTAL FOR YEAR.	2,480	2,981	2,768	166,656	1,688	3,489	277	333	—	1	459

W. CULLEN.

SCHOOL MEALS

During the year to 31st December, 1944, seven million meals were provided to about 37,000 children daily at an expenditure of £98,500 approximately.

The following schools were included in the scheme during the year bringing the total number in the Scheme to 90 :—

St. James's C.B.S., James's Street ; Modh Sgoileanna, Lair ; St. Joseph's, Kimmage Rd., East ; St. Paul's, Blackhall Parade ; St. Catherine's, Dominican, Cabra ; St. Finbarr's, Cabra West ; Our Lady's Mount, Harold's Cross.

Up to September, 1944 bottled pasteurized milk was supplied to all schools except those providing meals on a basis other than milk. Since October of that year, owing to mechanical difficulties in the trade, less bottled milk has been available.

In September, 1943, arrangements were made for the daily supply of sandwiches consisting of bread and cheese, with butter and jam on alternate days with the daily ration of milk.

List of Schools in which Meals are provided.

St. Agnes's, Armagh Road.	St. Columba's, Armagh Road
All Saints', Grangegorman	St. Columba's, Great Strand St.
St. Andrew's, Pearse Street.	St. Columba's, North Strand.
St. Andrew's, Rialto.	Damer Schools, Stephen's Green.
St. Andrew's, Townsend Street.	Drumcondra National.
St. Audeon's, High Street.	SS. Enda's and Dymphna's,
Augustinian, John Street, W.	Whitefriar Street.
St. Barnabas's, Sheriff Street.	Gardiner Street, C.N.S.
St. Bridgid's, Clarendon Street	St. George's, Lr. Sherrard St.
St. Bridgid's, Coombe.	Harold's Cross N.S., Clareville
St. Brigid's, Little Strand Street.	Road.
St. Catherine's, Baggot Street.	Holy Child, Larkhill (2).
St. Catherine's, Donore Avenue.	St. Fintan's N.S., Howth.
St. Catherine's, Meath Street.	St. Columbanus N.S., Howth.
St. Joseph's, School Street.	Inchicore Central P.E.S.
Christ the King, Cabra.	Irishtown (Boys)
Christ Church, Ranelagh.	St. Matthew's (Girls').
City Quay N.S	St. James's, Basin Lane.

St. James's, James's Street.
 St. James's C.B.
 St. John the Baptist, Seafield Road.
 St. John's United, Fishamble Street.
 St. Joseph's, Dorset Street.
 St. Joseph's, East Wall Road.
 St. Joseph's, W., Liffey Street.
 St. Joseph's, St. Mary's Road.
 St. Joseph's, Terenure Road.
 St. Joseph's C.N.S., Kimmage Road East.
 St. Joseph's, Weaver's Square.
 St. Joseph's, Wellington Street.
 St. Kevin's, Blackpitts.
 St. Kevin's, Grantham Street.
 St. Laurence O'Toole's C.B.S.
 St. Laurence O'Toole's N.S.
 Loreto C.N.S., Hill Street.
 St. Louis, Ardee Road.
 St. Luke's, New Street.
 St. Mary's Dominican N.S., Cabra.
 St. Mary's, King's Inns Street.
 St. Mary's, Rathmines.
 St. Michael's, Keogh Square.
 SS. Michael's and John's.
 St. Michan's, North Anne Street.
 Modh Sgoileanna, Lair.
 Model Schools, Inchicore.
 Mount Jerome.

St. Nicholas's, Francis Street.
 Our Lady of Good Counsel (2).
 St. Patrick's, Cambridge Road.
 St. Patrick's, North King Street.
 St. Patrick's, Lower Rutland Street.
 St. Patrick's, Thorncastle Street.
 St. Paul's, Blackhall Parade.
 St. Paul's, Queen Street.
 St. Peter's, Camden Row.
 St. Peter's, Phibsboro'.
 St. Philomena's, Chapelizod
 St. Philomena's, George's Hill.
 St. Philomena's, Phoenix Park.
 Rathmines Township N.S.
 Rialto Boy's N.S.
 St. Saviour's, Denmark Street.
 Scoil Muire, Marino.
 Stanhope Street C.N.S.
 St. Stephen's, Northumberland Road.
 St. Thomas's, Lower Rutland Street.
 Tranquilla N. S., Rathmines.
 St. Vincent's, Golden Bridge.
 St. Vincent's, North William Street.
 Warrenmount C.N.S.
 Westland Row.
 Cabra West.
 Our Lady's Mount N.S.

APPENDIX A.

SHOWING FOR THE YEAR 1944 THE MORTALITY FROM ALL CAUSES AND SOME OF THE PRINCIPAL CAUSES OF RESIDENTS OF THE SEVERAL REGISTRARS' DISTRICTS COMPRISING THE CITY OF DUBLIN, ALSO THE DEATHS AT CERTAIN AGE PERIODS.

REGISTRARS' DISTRICTS	Infant Mortality per 1,000 Births	Annual Rate of Mortality per 1,000 living Represented by Deaths		AGES AT DEATH											DEATHS FROM											Violence	Other Causes
				Principal Epidemic Diseases											Tuberculosis		Diseases of Respiratory System										
		From all Cause	From Principal Epidemic Diseases	Under 1 year	1 and under 2	2 and under 3	3 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Diarrhoea and Enteritis under 2 years	Influenza	Pulmonary	Other Forms	Cancer	Pneumonia	Other				
North City No. 1 East	131	376	79	8	6	13	16	34	86	134	31	1	—	1	6	6	31	3	38	8	27	25	34	7	194		
" No. 1 West	144	614	168	14	14	14	22	48	133	201	62	—	3	—	5	5	62	—	43	28	53	44	23	11	339		
" No. 2	160	322	92	11	13	9	9	21	68	104	31	—	9	—	2	2	31	1	17	9	22	23	17	3	183		
" No. 3	268	533	157	5	6	10	16	41	121	177	64	1	5	—	2	2	64	4	36	11	46	32	30	11	289		
" No. 4	178	265	63	7	9	7	9	31	55	84	27	2	3	—	2	—	27	1	17	8	17	18	27	3	140		
Blanchardstown & Castleknock, part of	81	17	3	—	—	2	3	1	3	5	1	2	—	—	1	1	1	—	2	2	2	1	1	—	6		
Clontarf & Howth Nos. 1 & 2	52	231	22	2	1	2	13	12	67	112	3	2	—	—	1	2	3	1	16	6	31	8	12	5	144		
Coolock & Drumcondra Nos. 1 & 2	84	452	73	4	8	7	24	47	111	178	25	1	1	—	1	1	25	3	46	18	41	16	22	12	265		
Finglas & Glasnevin Nos. 1 & 2	93	385	68	9	9	11	36	43	92	117	23	1	4	—	2	3	23	3	57	16	38	13	20	6	199		
South City No. 1	178	385	96	17	7	8	9	38	100	110	44	—	4	—	2	9	44	1	39	7	33	26	24	4	192		
" No. 2	200	219	59	2	2	6	9	19	55	67	21	—	3	—	1	—	21	1	22	6	23	10	23	2	107		
" No. 3	117	415	85	8	3	7	18	33	108	153	20	1	2	—	1	4	20	—	32	9	33	25	31	8	249		
" No. 4	105	433	74	11	5	4	15	36	115	173	30	—	2	—	2	4	30	—	29	9	27	21	30	6	273		
" No. 5	95	447	85	11	7	10	24	40	109	161	28	—	—	4	6	28	2	2	38	16	36	22	26	13	255		
" No. 6	140	290	67	3	8	2	6	24	73	107	21	—	1	4	3	21	3	3	17	6	29	16	13	4	173		
Clondalkin, part of	—	7	—	—	—	—	1	2	—	4	—	—	—	—	—	—	—	—	1	1	—	—	—	—	5		
Crumlin, part of	121	392	129	13	19	16	25	60	63	67	32	—	3	1	11	32	—	—	50	17	27	40	20	9	182		
Donnybrook, Nos. 1 & 2	102	510	69	4	3	8	12	48	136	230	21	—	1	3	6	21	1	1	40	5	60	20	29	12	312		
Rathfarnham, part of	38	22	2	—	—	—	1	1	7	11	1	—	—	—	—	—	1	—	2	—	1	3	1	—	14		
Rathmines, Nos. 1 & 2	110	727	106	6	8	9	27	52	166	353	28	—	4	—	4	28	2	2	55	10	83	39	32	17	451		
Terenure, part of	55	99	12	1	2	—	4	6	27	47	—	—	1	3	2	—	—	2	7	3	14	4	8	—	55		
TOTAL CITY OF DUBLIN	125	7,141	1,509	136	130	140	299	637	1,695	2,595	513	9	47	—	39	74	513	28	604	195	643	406	423	133	4,027		

APPENDIX B.

TABLE SHOWING THE NUMBER OF DEATHS FROM THE PRINCIPAL EPIDEMIC DISEASES REGISTERED EACH YEAR DURING THE PERIOD 1930-1944 WITH THE RESPECTIVE RATES PER 1,000 OF THE POPULATION REPRESENTED THEREBY.

	Total Deaths	Death Rate per 1,000 of Population	Deaths under 1 year	Infant Mortality Rate	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Diarrhoeal Diseases	Dysentery	Pulmonary Tuberculosis	Cancer	Influenza	Tuberculosis other forms
1930	6,212 —	15.0 —	1,031 —	98 —	1 .00	85 .21	10 .03	67 .08	78 .17	150 .35	—	586 1.43	481 1.17	40 .10	162 .39
1931	6,562 —	15.91 —	977 —	94 —	4 .01	223 .56	19 .05	31 .08	72 .17	144 .35	—	617 1.5	439 1.06	122 .30	197 .48
1932	6,536 —	15.6 —	1,067 —	102 —	14 .04	42 .10	24 .06	121 .30	82 .20	190 .46	2 .00	551 1.32	484 1.14	120 .29	144 0.35
1933	6,405 —	15.3 —	891 —	83 —	9 .02	72 .17	9 .02	42 .10	110 .26	152 .36	—	584 1.39	478 1.13	189 .45	157 .37
1934	5,748 —	13.6 —	878 —	79 —	11 .03	11 .03	4 .01	88 .21	76 .18	124 .28	—	570 1.34	544 1.26	32 .08	144 .34
1935	6,506 —	15.2 —	1,067 —	93 —	2 .00	87 .18	18 .04	18 .04	89 .21	203 .48	—	565 1.41	527 1.23	83 .19	164 .38
1936	6,996 —	15.0 —	1,337 —	115 —	11 .02	90 .19	66 .14	57 .12	110 .23	254 .54	—	602 1.29	541 1.17	40 0.1	138 .30
1937	7,023 —	14.9 —	1,231 —	106 —	1 .00	46 .10	26 .06	73 .15	84 .18	242 .51	—	565 1.19	563 1.2	184 .09	156 .33
1938	6,355 —	13.3 —	1,144 —	98 —	2 .00	37 .08	22 .04	33 .07	92 .19	214 .45	—	558 1.20	581 1.2	23 .05	135 .30
1939	6,403 —	13.3 —	1,036 —	90 —	7 0.1	51 .11	5 .01	26 .07	84 .18	209 .43	—	568 1.20	585 1.21	36 .07	148 .30
1940	7,065 —	14.0 —	1,039 —	92 —	3 0.1	23 .04	7 .01	43 .07	56 .11	233 .47	—	636 1.3	584 1.21	96 .2	153 .30
1941	6,903 —	14.1 —	1,339 —	118 —	4 .01	32 —	5 .01	38 —	54 —	506 —	—	610 1.20	582 1.2	—	151 .30
1942	6,855 —	14.0 —	1,311 —	105 —	6 .01	17 —	6 .01	72 —	56 —	465 —	—	762 1.60	626 1.3	—	162 .30
1943	7,268 —	14.5 —	1,617 —	128 —	3 .01	5 —	7 .01	63 —	84 —	609 —	—	733 1.50	631 1.3	28 .05	174 .30
1944	7,141 —	14.1 —	1,509 —	125 —	8 .01	47 —	—	39 —	74 —	513 —	1 —	604 1.20	643 1.3	35 .07	195 .40

APPENDIX C.

TABLE SHOWING THE MORTALITY FROM ALL CAUSES AND SOME OF THE PRINCIPAL CAUSES, TOGETHER WITH THE NUMBER OF BIRTHS AND BIRTH RATES FOR THE CITY OF DUBLIN IN 1944 AND THE TWELVE PRINCIPAL TOWNS IN EIRE.

	Population	Annual Rate per 1,000			Births Total Number	DEATHS									Influenza	Cancer	Diseases of Respiratory System		
		Births	DEATHS			Principal Epidemic Diseases								Tuberculosis			Pneu- monia	Other	
			From all Causes	From Principal Epi- demic Diseases		Enteric Fever	Scarlet Fever	Whooping Cough	Diph- theria	Measles	Diarrhoea and Enteritis	Pul- monary	Other Forms						
City of Dublin	505,600	23·9	14·1	1·3	12,074	8	—	39	74	47	513	604	195	28	643	406	423		
Borough of Dun Laoghaire	42,500	19·3	13·9	0·8	821	—	—	2	10	2	21	38	9	1	60	18	22		
Cork County Borough	75,484	22·7	18·1	1·3	1,712	—	—	27	8	6	59	117	27	5	112	73	109		
Limerick County Borough	42,070	23·8	17·3	1·4	1,002	2	1	3	3	9	40	74	14	2	73	29	50		
Waterford County Borough	27,825	23·1	15·6	0·8	644	—	—	1	2	1	19	30	8	2	41	15	14		
Galway Borough	19,972	23·2	13·2	0·9	463	—	—	3	6	—	9	20	16	7	16	15	8		
Dundalk Urban District ...	15,466	18·1	15·9	1·6	280	—	—	5	1	6	12	29	5	3	25	14	6		
Drogheda Urban District	16,180	25·8	12·5	0·1	391	—	—	2	—	—	—	15	5	2	22	5	9		
Sligo Urban District	12,657	23·5	14·5	0·4	298	—	—	—	1	—	4	20	13	1	13	9	10		
Wexford Urban District	12,051	23·9	14·4	0·4	288	—	—	—	1	—	4	9	1	—	18	13	6		
Tralee Urban District	10,350	21·1	13·7	0·4	218	—	—	1	—	—	3	18	3	—	11	4	11		
Kilkenny Urban District	11,192	24·3	13·4	0·2	272	—	—	—	—	—	2	17	3	4	11	5	10		
Bray Urban District	10,680	15·3	17·9	0·7	163	—	—	—	3	1	3	17	5	—	17	9	14		
TOTAL OF 13 TOWNS	801,027	23·3	14·7	1·2	18,626	10	1	83	109	72	689	1,008	304	55	1,062	615	683		

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